STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DIE OF SEATH 1. DECEASED NAME MIDDLE (TYPE OR PRINT) ELLA CHRISTINA ANDERSON 4 RACE 5 DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAY! IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 08/10/18 MONTHS DAYS HOURS YEAR FEMALE WHITE 67 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Allegany County USA WIDOWEDAT DIVORCED [IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 12e USUAL OCCUPATION RIAL HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CUMBERLAND Homemaker Domestic USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE UN COUNTY 134 INSIDE CITY LIMITS? 134 STREET APPRESS 13c CITY OR TOWN Box 48 Morgan Rt. W. VA. NO TA PAW PAW YES [] 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Herrell Flora Arthur Nancy Henry ADDRESS 166 SOCIAL SECURITY NO 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) James Herrell. Rt. #1 Box 49. Paw Paw. WV 236-68-8479 No 18 CAUSE OF DEATH (Enter only one couse per line for Ip1, (b), one ic11
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)_ DUE TO, OR AS A GONSEQUENCE OF Canditions, if any, which gove rise to immediate cause to stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [YES [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINERS PM 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a I certify that (I) (this hospital) ottended the deceased fram_ saw the deceased alive an_ and that in (my) (our) opinion death occurred on the date and haur and from the causes stated abave, (1) (wes (did) (did not) when the bady after death. 27b. SIGNATURE DEGREE 17t DA雅 SIGNE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN FUNER 224 PHYSICIAN'S NAME (TYPE CONTINUE) 77e ADDRESS build be MEMORIAL HOSPITAL MEDICAL DR. QAMAR U. ZAMAN, MD. 21502 CUMBERLAND, MD Op of 234 LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATORY Paw Paw, Morgan, WV STATE (SPECIFY|Burial 7/31/86 Camp Hill Cemetery 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE Helsley-Johnson F.H. Berkeley Springs, WV DHMH-16 25M (VRA 15, 4) 1/79 Readon Pandalis

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i Clar	10. CI	TY OR TOWN OF DEA	ATH 11		HOSPITAL, NURSIN	IG HOME C	ROTHER	INSTITUTION	12a USUAL C
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or o		obove, (1) (we) (c	did) (did not)	view the body	ofter death.		DEGREE		
±		VAK	Cush	1.0.10			DEONEE	ATTENDING	MEDICAL
NA T	1	22d PHYSICIAN'S N	AME (TYPE ORP	RINT)			22e ADD	PHYSICIAN [DIRECTOR
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	-	Vimala A				11115 05 5		s Manor	
		BURIAL, CREMATION,		23b. DATE				OR CREMATORY	23d LOCA
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FOR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

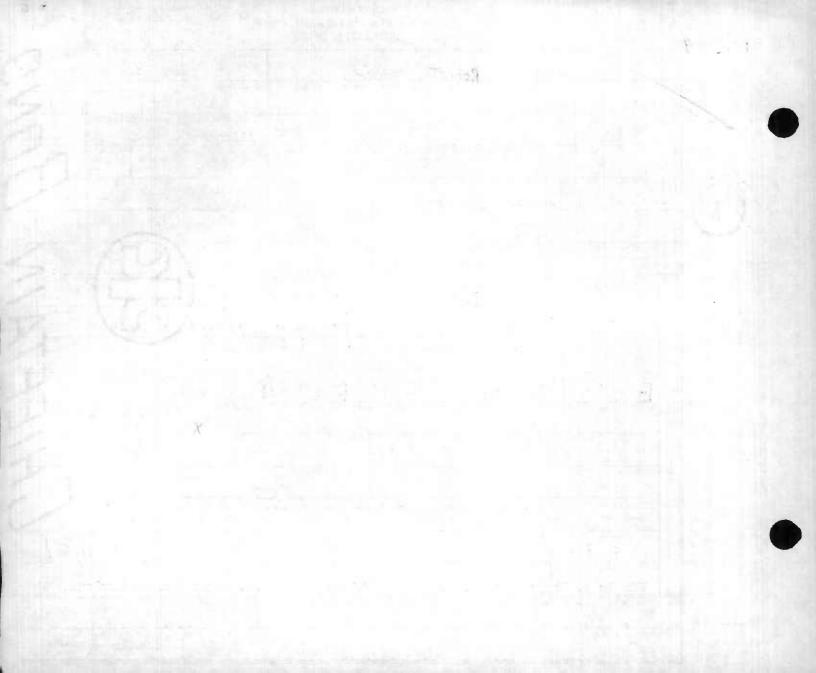
(VRA 15, 4)

- STATE

STATE OF MARYLAND

FUNERAL SERVICE CUMBERLAND MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH MONTH 26 HOUR 08 10 86 1:00 IF UNDER 1 YEAR EARS LAST BIRTHDAY) IF UNDER 24 HRS. DAYS YRS RECITY OR COUNTY OF DEATH gany OCCUPATION 126 KIND OF BUSINESS OR FOR MOST OF WORKING LIFE) INDUSTRY ED CONTRACTOR BUSTNESS ADDRESS / ZIP CODE BEDFORD STREE MIDDLE CAMPBELL ADDRESS DX#1566 CUMBERTAND MD E OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO | INJURY IN ITEM 18 PART | OR PART 2) COUNTY CITY OF TOWN STATE that (I) (we) lost d on the date and hour and from the causes stated 22¢ DATE SIGNED STAFF PHYSICIAN eton Dr. Cumberland, MD ORTOWN IMBERIAND ALLEGANY MD 250. DATE RECD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



BP.

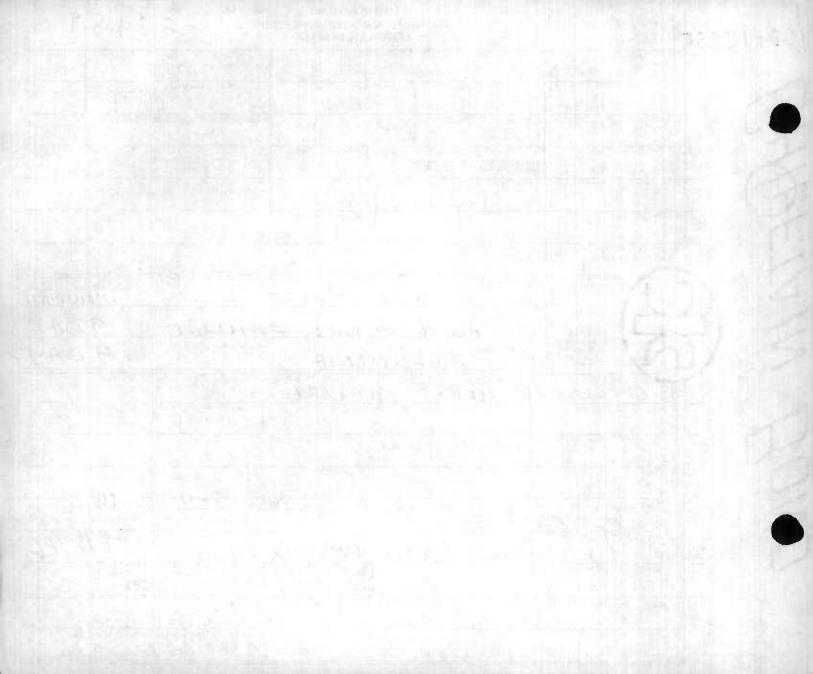
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

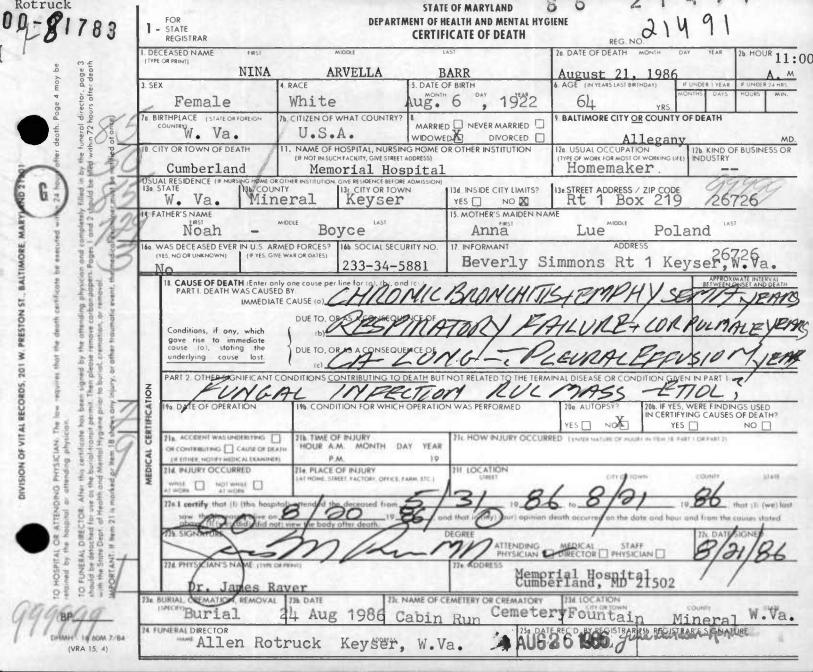
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- STATE REGISTRAR		CEF	RTIFICATE OF DEATH	REG. NO.	1 10	
DECEASED NAME TYPE OR PRINT) ANI		ASHE	ENFELTER	AUGUST 11, 1986	DAY YEAR	8:40A M
sex female	white		ATE OF BIRTH YEAR 1900	6 AGE (IN YEARS LAST BIRTHDAY) 86 YR		IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE (STATE OR FOREIG	USA	WID	RRIED NEVER MARRIED DIVORCED	Allegany		MD
CUMBERLAND	MEMORTA	L'HOSPITAL		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	GUFE) INDUSTRY	home home
MD /	COUNTY Allegany	GIVE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Cumberland	YES XX NO	13. STREET ADDRESS / ZIP CO 31 Somerville		21502
	arles Hetri	LCK		aria Engle	LAS	1
WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF)	S. ARMED FORCES?	215-20-5928	M- 3-6- 0-6	menfelter, Cumbe		
18 CAUSE OF DEATH (En	ter only one cause per AUSED BY: EDIATE CAUSE (a)	CARDIA	HE ARRES	7	BETWEEN	MATE INTERVAL DINSET AND DEATH
Canditions, if any, whi	ch ((b)	ACUTE	RENAL F	FAILURE	9	DAY
cause (a), stating t underlying cause la	he DUE TO, OI	RAS A CONSEQUENCE OF	MONIA		9	DAY
	- 11 - I	HEALT	BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION	GIVEN IN PART 110	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYN	196 CONDI	TION FOR WHICH OPER	ATION WAS PERFORMED		YES, WERE FINDIN RTIFYING CAUSES YES []	
	OF DEATH HOUR A.	M. MONTH DAY Y	EAR 19	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	1-16
(IF EITHER NOTIFY MEDICAL EX	21e PLACE	OF INJURY LEET, FACTORY, OFFICE, FARM, ET	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
22a.1 certify that (1) (this sow the ferensed of above (1) the standard	hospital) attended the	19 86	2, and that in (ny) our) apinian	death accurred an the date and		that (1) (we) lost causes stated
27b SIGNATURE	ullan	Jan	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	11/86
DR. LAMM	(TYPE OR PR 11)	ů	MEMORIAL HOS CUMBERLAND,		BUILDING 1502	3
BURIAL, CREMATION, REM	OVAL 236. DATE 08-13-		of CEMETERY OR CREMATORY rest Burial Par	k Cumberland	Allegan	STATE V MD
FUNERAL DIRECTOR	rnelli C	umberland. M	250 DA	TE REC'D. BY REGISTRAR 256 REC	SISTRAR'S SIGNAT	URE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME DATE KNOWNX (TYPE OR PRINT) ESTI-DOUGLAS BAKER DEATH MATED 19 86 Lee 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY! PRONOUNCED 1958 DEAD 10 86 Male White 3 29 28 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Allegany County Maryland U.S.A. WIDOWED [DIVORCED 17a LISUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS LEITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Asbestos Laborer Cumberland Memorial Hospital (DOA) Barco, Ent. OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN Baltimore NO 🛣 3-C Sharondale Way Maryland Essex 21221 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Elizabeth Erhardt Thomas Baker 17 INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO IYES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 216-76-7153 Cynthia M. Baker Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY: PRESTON ST Multiple injuries IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING TOOR Driver of auto/fixed object impact. CONTRIBUTING CAUSE OF DEATH 7:19.M. 8-31- 19 86 21e PLACE OF INJURY (ATHOME. 216. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK Rt. 51 e. of Brice Hollow Rd., Allegany, MD road Autopsy X 22s. I certify that I taak charge of the remains described above, held an Inquiry and in my opinion Accident X Suicide Hamicide Undetermined manner death resulted from Natural causes TITLE (SPECIFY) ACTUAL DATE 9-1-86 MD Assistant MEDICAL EXAMINER SIGNATURE. EXAMINER'S NAME William M. Zane, M.D. 111 Penn St., Balto., MD 21201 PAGE 4 (TYPE OR PRINT) ADDRESS 23d. LOCATION 236 BURIAL, CREMATION, REMOVAL 235 DATE 23c. NAME OF CEMETERY OR CREMATORY Maryland Burial Sacred Heart of Jesus Dundalk. Baltimore 07/84 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DAR REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 - will down firedall (VR A15 ME (5)) 7922 Wise Avenue Dundalk, Maryland



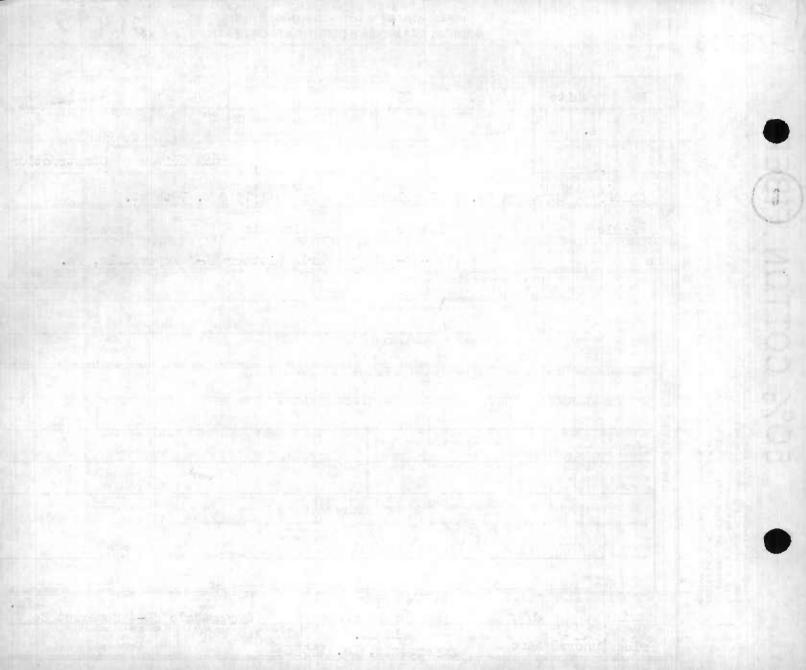


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nay be page 3	11111		EDERICK	WILLIAM	1 E	BIERMAN	AUGUST	5,	1986	06:40AM
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malerely and 2 sh	14. F/	ATHER'S NAME FIRST	ick Willi	am Bierman	n. Sr	15. MOTHER'S MAIDEN N	J. Glantze	E		AST
MORE, and con medical		WAS DECEASED EVER IN U.		21710413	RITY NO.	17. INFORMANT Mrs. Sandra	AD	DRESS	umberlan	nd. MD
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DIVISION OF VITAL RECORDS, OREGINS The law require outending physician. After this certificate been signs the buriol-tronsit permit. Then the and Mental Hygiene prior to be orked actern 8 shows any injury	CERTIFICATION				OPERATIO		YES NO	IN CER	TIFYING CAUSE YES	NO
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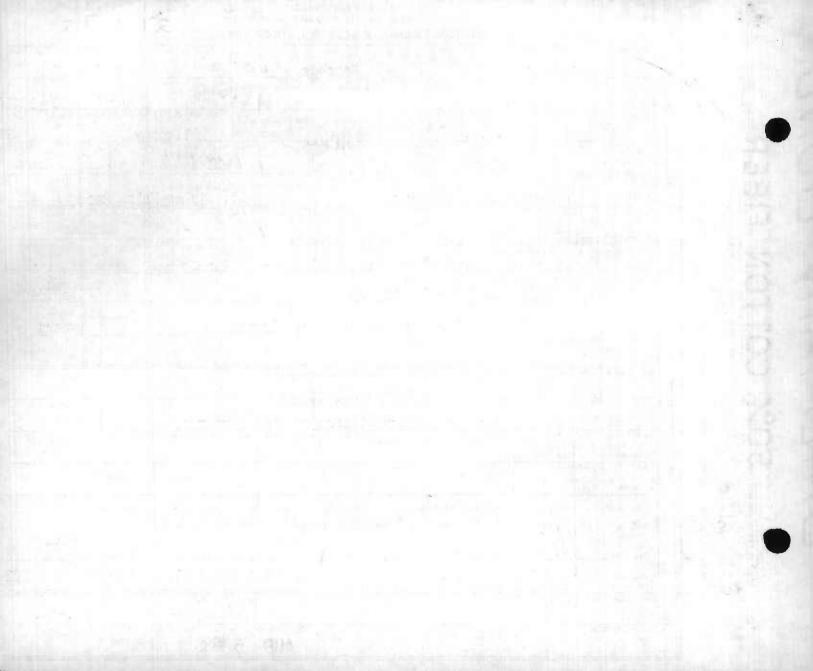
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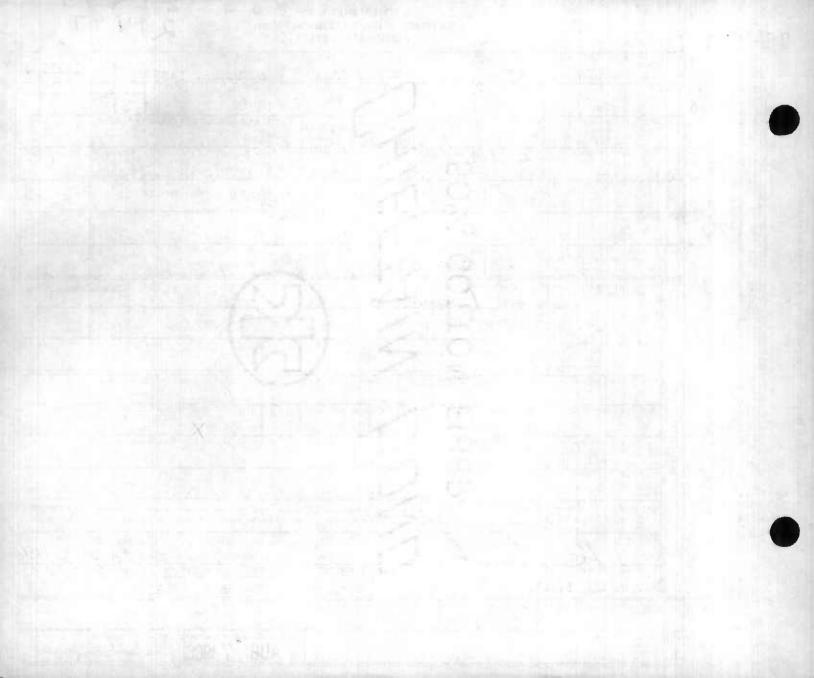
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		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
page 3	11112	JOHN		JOSEPH	BLOU	IGH			08 21	86	5:25 PM
E Do	3. SEX		- 1	4. RACE			OF BIRTH	6 AGE IN YEARS LAST BE	RTHDAY) IF	UNDER TYEAR	IF UNDER 24 HRS
ge 4	M	ALE		whit	.e	05	03 11	75	YRS.	VIHS DATS	HOURS MIN.
neral din		RTHPLACE (STATE OR FOR OUNTRY)		USA		WIDOW		ALLEGANY		F DEATH	MD.
by the fill of the		TY OR TOWN OF DEATH	1	(IF NOT IN SU	HOSPITAL, NUI CHEACILITY, GIVE ST AL HOSP	REET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST retired		126 KIND OF INDUSTRY Balli	stics
filled in	13a S		HOME OR C	TY	1. GIVE RESIDENCE BE	OWN	138. INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS 1104 PIEDI	ZIP CODE		
mpletely on 2 sh	14. FA	THER'S NAME FIRST		. Bloud	nh LAST		15. MOTHER'S MAIDEN N			LAST	
n and cal		AS DECEASED EVER IN	U.S. ARA	MED FORCES?	16b SOCIALS	5-6710	17 INFORMANT	A. Blough.		and M	D - wife
low requires that the death ce s been signed by the ottending ermit. Then please remaye carbo e prior to burial, cremation, or ra s any injury, or other traumatic.	CERTIFICATION	underlying couse	diote the lost.	DUE TO, CO	zuri d	OUENCE OF	T NOT RELATED TO THE TER	MINAL DISEASE OR CON	20b. IF YES, V	VERE FINDING CAUSES	GS USED
The iccion strength of the str	ERTIE	71g ACCIDENT WAS UNDER	IVING [21b. TIME C	OF INTERY		121/ HOW IN HIPY OCCU	RRED (ENTER NATURE OF INJU	YES [NO 🗆
HYSICIAN: The ding physicic is certificate burial-transit Mental Hygies when the many strength is the many strength in the many strengt	MEDICAL C	OR CONTRIBUTING CAL	SE OF DEAT	HOUR A	.m. MONTH	DAY YEAR		KKED (ENIER NATURE OF IN)	INTIN HEM IS PART	I OKPARI 2)	
ING PHY after this as the b th and A	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK			OF INJURY IREET, FACTORY, OFF	ICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
ND SE A CONTROL OF CON	-	22a.1 certify that (1) (th						, to	. 19		hot (I) (we) lost
HOSPITAL OR ATTERNED by the hospital or		sow the deceased above, (I) (we) (did 17% SIGNATURE	Y ITTHE ON	Du	n MD	9	DEGREE ATTENDING PHYSICIAN 72e ADDRESS	MEDICAL STA	FF	27c. DATES	
TO HOSPITA retoined by TO FUNERA should be de with the Stott IMPORTANT	23n B	Victor E.				13r NAME OF	BMG, 912 Se	ton Drive, (Cumberla	and, MD	21502
ВР	(Burial	MOYAL				er Paul Cemet	CITY OR TOWN	and Al	Llegany	STATE MD
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	NERAL DIRECTOR NAME James F. Sci	arpel		ADDRE	6.0	25a D/		25h REGISTRA		

		1	FOR			DEDADTA	STATE OF	F MARYLAND	S S	4	10	
2.0	11505		STATE REGISTRAR		MI	EDICAL E	EXAMINER'S	CERTIFICATE	OF DEATH	21	175	
U U -	14585	1. DE	CEASED NAMI	FIRST		WIDDLE		LAST	Zo. DATE KI	REG. NO.	H DAY YEAR	2b HOUR
	MayNe	(TYF	E OR PRIMIT	Gla	dvs A	tkins		Boucher		rcy; L	q 1 1986	
	A HELICIE	I. SEX	(4. RACE	5 DATE OF BIRTH	-	6. AGE (IN YEARS IF	UNDER 1 YR. IF UNDE	R 24 HRS 2c DATE	MONTH	DAY YEAR	2d HOUR
	C KINGER	F	emale	White	- DATE	1914	71 YRS.	ONTHS DAYS HOURS	MIN PRONOUNC DEAD	Au	g 1 1986	1045/
	AND A PER	a B	RTHPLACE (5)	ATE OR	76. CITIZEN OF V	VHAT COUN	TRY? 8. MA	RRIED W NEVER MARI	RIED 7. BALTIMO	RE CITY OR COU		
	255322		aryland		U.S.A		WID	OWED DIVOR	CED A1	legany		MD
	A HOLE	1	ITY OR TOWN		(IF NOT IN SUCH I	FACILITY, GIVE ST	REET ADDRESS)	OTHER INSTITUTION	FOR MOST OF WORKIN	TION (TYPE OF WORL	OR INDUSTI	RY
	A C C C C C C C C C C C C C C C C C C C	C	umberla	nd	Apt 7-9	41 Bis	shop Walsi	n_Road	Teacher		Educati	on
21201	Selection of		TATE	13b CO	UNTY	13t. CITY	OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			01500
0.21	TARRES -		aryland	IAII	egany	Cumb	perland	YES X NO	3 11 01311	op Walsh	Road /	21502
E, M	S 1, S 1, S 1, S 1, S 1, S 1, S 1, S 1,		FIRST	1.1	arshall	A+L	eins	IS. MOTHER'S MAID	DEN NAME	DLE	Severs	
AOR	88×86 —	16a. \	Lloyd NAS DECEASE	EVER IN U.S.	ARMED FORCES?		IAL SECURITY NO.	Grace		ADDRESS	severs	
PRESTON ST., BALTIMORE, MD.			es, no, or unkno Vo	WN) (IF YES, O	EIVE WAR OR DATES)	217-	-07-2681	Richard B.	. Boucher-A	ddress s	ame as #1	13.
80	WITH DIVI		18 CAUSE O	F DEATH (Enter	anly ane cause per lin			7.00.000			APPROXIMATE	E INTERVAL
N ST	24 HOURS A ITEM 1B. GIV LONG WITH PERMIT. PAC GIENE, DIVIS		PARTIDE	ATH WAS CAU	SED BY: NATE CAUSE (a)	Cardi	ac arres	t			SUC	dden
STO	A PICON				DUE TO, O	R AS A CON	SEOUENCE OF	Malie II				
8	MER NER SANS			ns, if any, wh se to immedia		Coror	nary arter	ry heart di	sease		year	^S
DIVISION OF VITAL RECORDS, 201 W.	JTED WITHIN 24 H THE PENCIL IN ITEM SXAMINER ALON IN TRANSIT PER MENTAL HYGIEN ON, OR REMOVAL		cause (a) lying cau	stating the <u>und</u> se last.	DUE TO, O	R AS A CON	SEOUENCE OF					
S, 20	2. ~ ~ 30				(c)							
ORD	D BE EXE ENDING MEDICAL AS A BU EAITH AN CREMAT	z	PART 2 OTHER SI					EASE OR CONDITION GIVEN IN P	'ART 1:101,			
EC	MEI ANELLO BI	CERTIFICATION	19a DATE OF	OPERATION	Chronic co	ITION FOR V	VHICH OPERATION	WAS PERFORMED?			20 AUTOPSY	2
TAL	SHOULE CHIEF CHIEF E USED WRIAL,	FIC	Oct	1982				sease(by pa	ce elingony)		YES [NO [X
J V	ATE SI THE OF THE OF THE OF TO BE	ERT	210. EXTERNA	L CAUSE WAS	21b TIME C	OF INJURY	210	HOW INJURY OCCURR	ED LENTER NATURE OF HIJUR	Y IN ITEM 18 PART 1 OR		NO LX
NO	A STANDARY		UNDERLYING	G □ CAUSE C		M. MONTH	DAY YEAR					
VISIO	TING TING TING TING 3 SH PROPA	MEDICAL	21d INJURY C			OF INJURY		LOCATION	CITY OR TOWN		COUNTY	STATE
۵	SERRES	2	AT WORK	NOT WHILE		CTONT. FRAM, ET		STREET	CHTORIOWN		OUNIT	STATE
			22a. Lorenti	y that I took th	arge of the remgins de	nesitied abov	ve, held an Au	apsy . Inspection	on L. Inquiry	and in my	apinian	
-	BE FE		death results	nd from Lole	stural county	Accident	, Suicide (Undetermined mann	ner ,		
	EXAMINER: CERTIFICATE OULD BE FOR I, WITH THE S		ACTUAL	10	21/	/		TITLE (SDOTY		DAY	8-1-	-86
	SHEAL SHORE		SIGNATURE	14	01/11			M.D	MEDICAL EXAMIN	DAT SIGI	C	
	AEDI CUNE TWO	122000	EXAMINER'S	NAME P	aul Snow,	M.D.		Memor	ial Hospita	1, Cumbe	rland Md	21502
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BATTIMORE, M	23a B	(TYPE OR PRII		L 23b DATE	73c N	AME OF CEMETER	ADDRESS	123d LOCATION			
07/84	BP	B	wial	TION, REMOVA	8-5-86	Dri	uid Ridge	Cemetery	Baltimore	-BAltimo	ore CoM	Ď.
25M	DHMH - 17				ge-Upchurc eet-Cumber			P.A. 25a. DATE	REC'D. BY REGISTRAR			
	(VR A15 ME (5))	2	202 Gre	ene Stri	eet-Cumber	land, N	laryland 2	21502 AUG	5 1986	41,20044	001	



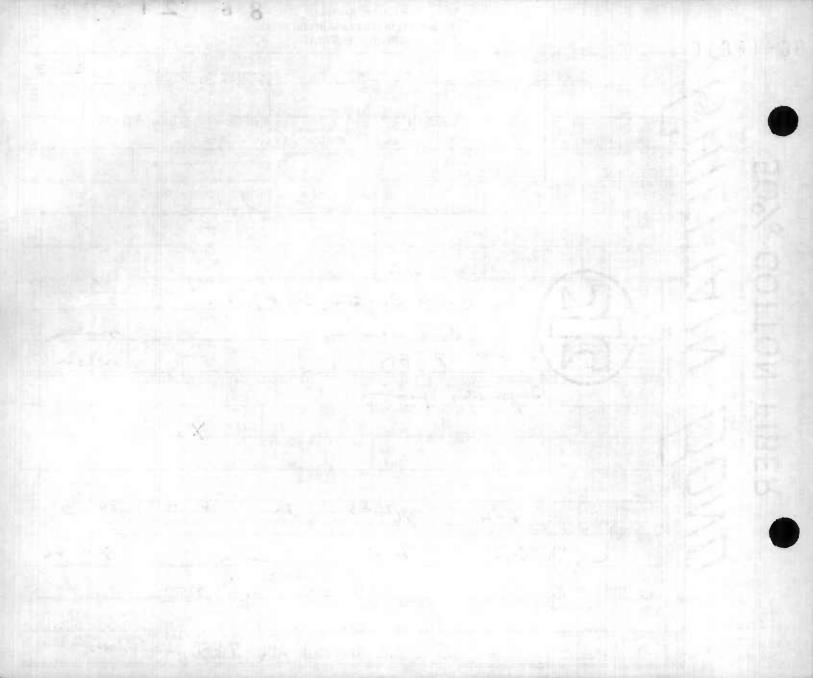
08-15554	FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAI CERTIFICATE OF DEATH	L HYGIENE 2 1	496
oge 3	1. DECEASED NAME (TYPE OR PRINT)	NELLIE C.	BR I NKMAN	20 DATE OF DEATH MONTH	08 86 1417H.
se 4 may scror, pag s offer de	3. SEX FEMALE	1. RACE CAUSC	5. DATE OF BIRTH MONTH DAY YEAR 08 15 1		IF UNDER TYEAR IF UNDER 24 MRS MONTHS DATS HOURS MIN.
leath. Page in 72 hours	Jo. BIRTHPLACE (STATE OF I	FOREIGN / 76. CITIZEN OF WHAT COU		9. BALTIMORE CITY OR COUNT	Y OF DEATH
201 The fu	Cumberland	(IF NOT IN SUCH FACILITY, GIV Memorial H	ospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE housewife	12b. KIND OF BUSINESS OR INDUSTRY OWN home
MARYLAND 2120 of with 24-hours mplemental killed in ond 2 ahours of the	WV STATE	HOME OR OTHER INSTITUTION GIVE RESIDENCE S COUNTY Mineral National National National	y Ford YES NO E	Highland Avenu	te/2676799999
MARY and Sales	FATHER'S NAME FIRST LE	afayette Files	15. MOTHER'S MAIDE FIRST	Jesse C. Mudge	LAST
In ond condition on the condition on the condition of the	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)		04-5841 17. INFORMANT CUMBI	IAL HOSPITAL MEMORI ERLAND MD 21502	AL AVENUE
ST., BALI	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one couse per line for (o), (AS CAUSED BY, IMMEDIATE CAUSE (o)	(b), and ich	RE	APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH MUNTHS
he death ce ne ottendin emove carb mation, or r	Conditions, if any,		NSEQUENCE OF HTPATTC	CIRRHOSÍS	YEARS
that the the the that the cose rem	gove rise to immodule (a), statin underlying couse	g the DUE TO, OR AS A CON	NSEOUENCE OF		
RDS, 20 equires in signed Then ple r to buris	PART 2 OTHER SIGN	NIFICANT CONDITIONS CONTRIBUTION RONARY AR	NG TO DEATH BUT NOT RUATED TO THE	TERMINAL DISEASE OR CONDITION GI	VEN IN PART To
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir offer this certificate has been signs the burial-transit permit. Then th and Mental Hygene prior to be orked or them 18 shows any injury	190 DATE OF OPERA		WHICH OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
4 OF VII	OD CONTRACTOR O	CAUSE OF DEATH HOUR A.M. MONT	TH DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)
UG PHYS offendin offer this care this care the burner of the burner of the burner of the dor burner of	4 FEITHER NOTHY MEDITY LIFETIMER NOTHY MEDITY 216 INJURY OCCURI WHILE AT WORK AT WORK	CAT HOME STREET FACTORY	OFFICE, FARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TOR: Af for use o for use o af Health		(this hospital) attended the deceased ed alive on did) (did not) view the body aller death		, to, to, to, to	. 19, that (1) (we) last or and from the causes stated
TAL OR A y the hosp RAL DIREC detoched detoched tote Dept.	22b. SIGNATURE	Man for	DEGREE ATTENDIT PHYSICI	NG MEDICAL STAFF	8/8/86
TO HOSPITAL etained by the TO FUNERAL should be detern with the State MAPORTANT: H		lliam Lamm, M.D.		Hospital, Cumberlar	nd, MD 21502
BP	Burial Burial	REMOVAL 236. DATE 08-11-1986	Davis Memorial Ce	CITY OF TOWN	Allegany MD
DHMH - 10 60M 7/84 (VRA 15, 4)	James F. Sc	carpelli, Cumberla	DRESS 2	DATE REC'D BYREOSTRAR 36 REGIS	

1101	1	FOR STATE	DEPA	RTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HY	GIENE	2149	7
1464		REGISTRAR			FICATE OF DEATH	REG. NO		
m.f		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
deoth deoth		BELVA	ETTA	BROT	EMARKLE	AUGUST 5,	1986	12:17A
42 1	3 SE	K .	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		
1000		FEMALE	WHITE	DEC	27 DAY 1894	91	YRS	HOURS MIN
10 M	ero. B	RTHPLACE (STATE OR FOREIGN PENNA .	76 CITIZEN OF WHAT COUNTI	RY? 8	D NEVER MARRIED	45 1 2 1 3 7	R COUNTY OF DEATH	
24/	₹0. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME		ALLEGAT		OF BUSINESS O
意を	C	IMBERTAND ALRESIDENCE (IF NURSING HOME OF	(IF NOT IN SUCH FACILITY, GIVE STI MEMORTAT, HOSP)			HOUSEWIFE	F WORKING LIFE) INDUSTR	Y
185	3a :	TATE 1136 COU	NTY 13c. CITY OR TO CUMBERI		13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS /	ZIP CODE ERRY AVE.	1500
1201	14. F/	THER'S NAME	MIDDLE LAST	15545	15 MOTHER'S MAIDEN NA	ME		AST
24/1/		BRICE WI	LLIAM GROWI	DEN	HULDAH	BELLE	MILLER	701
100		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES!		17 INFORMANT	ADDRE		
P 0 0		NO (# 125. GI	214-74	-5685	LORETTA SMIT	H 11717 BAY	BERRY AVE C	IMBERT AN
ss been signed by the ermit. Then please re prior to buriol, creates ony injury, or other	FICATION	couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT		20a. AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS	DINGS USED
Sit be	CERTIFI				To: How the same	YES NO	YES	NO 🗆
certificate harries with the serial transfer tem 18 th		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJUI	RY IN ITEM TS PART I OR PART ?	
2 0 2 2 0	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFI		211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
ter this certifications of the buriol-thought would wented in the control of the	×	WHILE NOT WHILE AT WORK						
After this se os the biolith and /	W	22a 1 certify that (1) (this hosp	ital) attended the deceased fro	m	, 19	, to	, 19	, that (I) (we) la
After this se os the biolith and /	W	22a 1 certify that (1) (this hosp			nd that in (my) (our) opinion			
DIRECTOR After this oched for use os the b Dept. of Health and I If them 21 is marked a	W	22a 1 certify that (1) (this hosp	ital) attended the deceased fro		nd that in (my) (our) opinion DEGREE ATTENDING	death occurred on the do	ote and hour and from the	
DIRECTOR After this oched for use os the b Dept. of Health and I If them 21 is marked a	W	22a I certify that (I) (this hosp sow the deceosed olive or obove, (I) (we) (did) (did no	or view the body ofter death		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. DA	UST 5,198
DIRECTOR After this oched for use os the b Dept. of Health and I If them 21 is marked a	W	22a I certify that (I) (this hosp sow the deceosed alive or above, (I) (we) (did) (did no 22b. SIGNATURE	ot view the body after death		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [PMEMORIAL HO:	MEDICAL STAR DIRECTOR MEDIS	272. DA	E SIGNED UST 5,190
DIRECTOR After this oched for use os the b Dept. of Health and I If them 21 is marked a		22a Lectify that (I) (this hosp sow the deceosed alive or above. (I) (we) (did) (did not 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE & DR. W. GUY FISO	ot view the body ofter death. CUS	9, o	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [2MEMORIAL HOS CUMBERLAND,	MEDICAL STAF DIRECTOR PHYSIC SPITAL MEDI MARYLAND	22c. DA	E SIGNED UST 5,190
DIRECTOR After this oched for use os the b Dept. of Health and I If them 21 is marked a	230 [22a L certify that (I) (this hosp sow the deceosed alive or obove, (I) (we) (did) (did no 22b. SIGNATURE	DR PRINT: CUS 23b DATE 2	9, o	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [PMEMORIAL HO:	MEDICAL STAIN DIRECTOR MEDICAL STAIN DIRECTOR MEDICAL	TELEN AUGUSTA	STATE

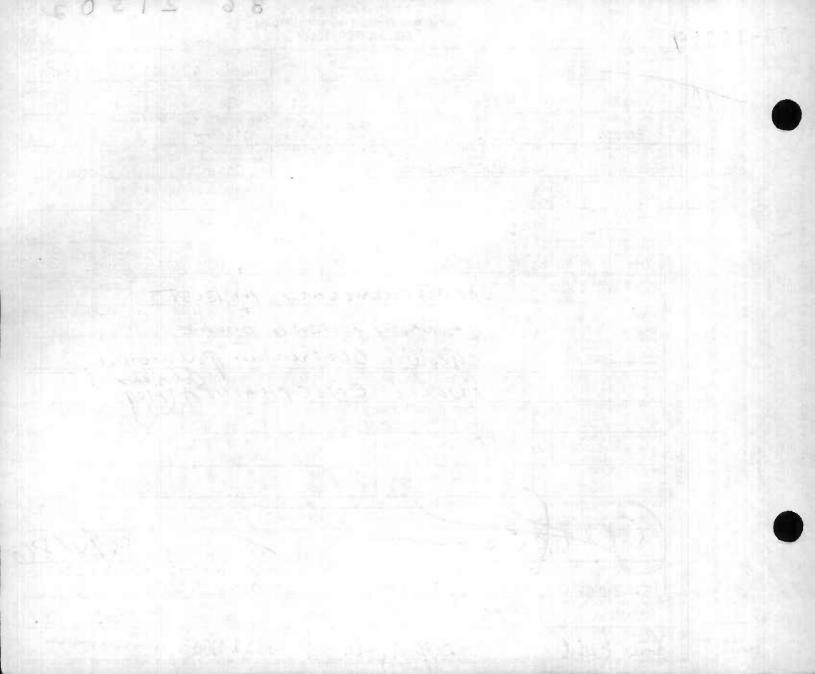


00-	680	1.	FOR SCARPE	ELLI FU	NERAL HOME DEL	PARTMENT OF	E OF MARYLAND IEALTH AND MENTAL H ICATE OF DEATH		214	9 9	
	/	I. DE	CEASED NAME	FIR51	MIDDLE		AST	REG. N		YEAR 2h H	HOUR
	by be 3 death death		OR PRINT!	JAMES	PATRICE	((0)	NELLEY	AUGUST 17		1 1 1 1 1 1	:48 Pm
	Pog er de	3. SE	<		4. RACE	5 DATE		6. AGE (IN YEARS LAST BIR		ER I YEAR IF U	NDER 24 HRS
	ge 4		male		white	MONT	7-27-1932 YEAR	54	YRS.	DAYS HOL	JRS MIN.
	Poor Poor	70. B	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY		ATH	7111
	G 3		MD		USA	WIDOW	D DNORCED	ALLEGANY (MD.
10	s ofter o		ty or town of d umberland		11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV SACRED HEA	NURSING HOME (E STREET ADDRESS) ART HOSP:	TAL	(1YPE OF WORK FOR MOST OF LOAN Proce	OF WORKING LIFE) IND	KIND OF BUS DUSTRY Bank	SINESS OR
TANDA	y filled in should be et must be	13a. S	AL RESIDENCE (IFN STATE MD STHER'S NAME	136 COUN			13d. INSIDE CITY LIMITS?	311 Hol1	/ ZIP CODE and Stree	et/2150	02
E MARK	complete of ord 2		FIRST	seph T	. Connelley	ST L SECURITY NO.	15. MOTHER'S MAIDEN N	Gladys Crowe	ESS	LAST	
LTIMORI	be execution and cirs. Pages		res, no or unknown)	I UF YES, GIVI	e WAR OR DATES) 212-3	8-5113		Connelley, Cu	mberland.	MD -	wife
ST., BAI	g physicione conpaper removal, th		18 CAUSE OF DE PART I. DEATH		y ane cause per line far (a), BY: E CAUSE (a) RES	PINATORY	FAILURE			APPROXIMATE BETWEEN ONSET	AND DEATH
PRESTON	death ce attendin tove carb otion, or roumotic		Conditions, if a		DUE TO, OR AS A CON		MEZANOMA			1 4	R.
201 W. PI	that the d by the ease rem al, cremi		cause (a), sto underlying cau	iting the	DUE TO, OR AS A CON	SEQUENCE OF					
	equires in signed Then plants to buri	NOI	PART 2 OTHER S	GNIFICANT C	onditions <u>contributi</u> n	G TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN	PART Ita	
AL RECORDS	he low non. hos been the permit permit permit only only	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING O YES	CAUSES OF D	USED DEATH?
OF VIT	de physici g physici entificate itol-transi		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCI	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)	
DIVISION OF VITAL	attending ter this c s the bur and Me	MEDICAL	21d INJURY OCCU	WHILE ORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	O) NWN	YINUG	STATE
	TTENDIN pital or TOR: At for use o of Health		22a.1 certify that	(1) this hospit	al) attended the deceased \$117 86 view the bady alter death		nd that in (aur) apinio	n death accurred an the d			(I) (we) last
	At OR A the hos At DIREC detoched of Dept.		In signature	w NY	Voe MO.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	8/18/	
	TO HOSPITAL TO FUNERAL Should be deto with the State IMPORTANT: It		JAMES MO		exists		22e ADDRESS 1068 NATION	AL HWY, LAVA	LE. MD 21	.502	
	5 ± 5 ± 3 ₹	23a I	SURIAL, CREMATIO		23b. DATE		EMETERY OR CREMATOR	Y 23d LOCATION	L'OUN	itv	STATE
	BP		Buria	1	08-20-1986	SS Pet	er Paul Ceme	tery Cumber		Legany	MD
	DHMH - 16 60M 7/84		INERAL DIRECTOR		ADI	DRESS		ATE REC'D. BY REGISTRAR	-		
	(VRA 15, 4)		James F.	Scarpe.	lli, Cumberla	nd, MD 2	1502 AUG	4 1 1900 Au	va Dendum	Randals	

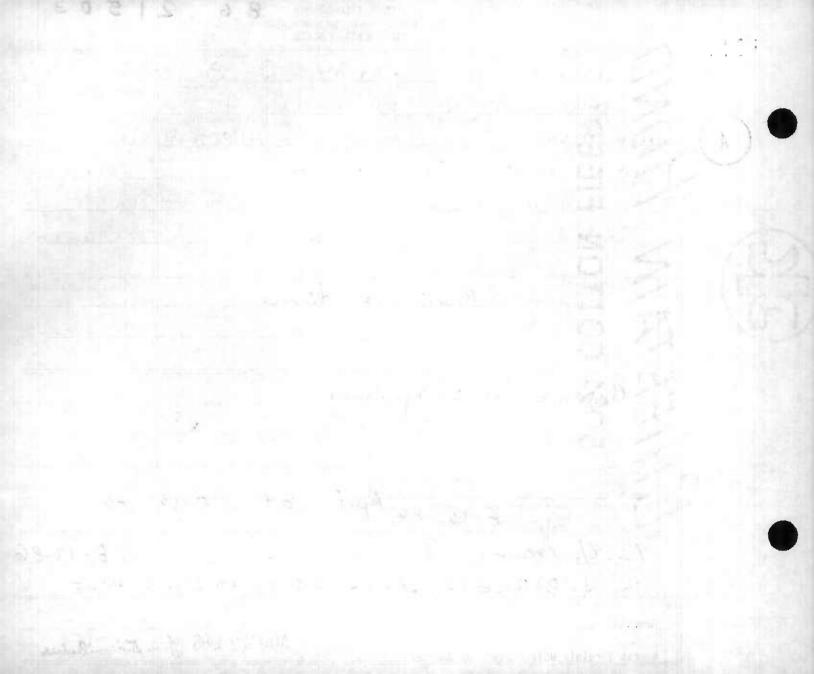
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218	1.		EEN ST	REET	UNERAL HO DEPARTA 502	MENT OF F	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	SIENE REG.	NO.	5,0	A Maria Const.
		CEASED NAME	FIR5T		MIDDLE	- 1	AST	20. DATE OF DEATH		AY YEAR	2b HOUR
page 3	(TYPE	OR PRINT)	OHINDE	R	SINGH	DH:	ILLON	AUGUST 17	1986		6:45 P
ge 4 moy	3. SE	x lale	4.	RACE India	un O	5. DATE (DE BIRTH . 8,1938 YEAR	6. AGE (IN YEARS LAST)	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
nerol dir nn 72 hou	7a. 8	RTHPLACE (STATE OR F COUNTRY) ndia	OREIGN 76	India	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY ALLEGAN		Y	N
ofter of		ty or town of DEA Cumberland	TH 1	(IF NOT IN SU	HOSPITAL, NURSIN CHFACILITY, GIVE STREET HEART HO	ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Electric	T OF WORKING LIFE	INDUSTRY	ingfiel
filled in falled in and be f	13a :	AL RESIDENCE (IF NURS STATE aryland	136 COUNTY	Y	GIVE RESIDENCE BEFORE 136. CITY OR TOW Cumberl	N	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS			
The within	14. F/	Jagat	Š	DDIE	Dhillon		15. MOTHER'S MAIDEN NA Rattan	MIDDLE		Ka	sı LWL
oc execut		VAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMI		110-38-9		Ranjit Dhill		berland		Land
quires that the signed by the hen please rem to burial, crema jury, at other ti	NO	gove rise to imm couse (o), statin underlying couse PART 2 OTHER SIGN	g the lost	(c)_	OR AS A CONSEQUE THE PAT ONTRIBUTING TO D	i'C_	NOT RELATED TO THE TERM		NDITION GIVE	EN IN PART 1	0
he low re-	CERTIFICATION	19a DATE OF OPERAT	TION	196. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	, WERE FINDI	NGS USED S OF DEATH?
YSICIAN: The dring physicic servicote burial-transit Mental Hygican rifem 18 sha	MEDICAL CER	21a, ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	P	.M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	IJURY IN ITEM 18 PA	ART 1 OR PART ?)	
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ATTENDI spital or CTOR: A for use of Heali		22a.1 certify that (1) sow the decease above, (1) (we) (c	ed olive on_	5	-h 19	n	nd that in (my) (our) opinion	death occurred on the			that (I) (we) lo couses stated
At OR A t the har At DIREcted detached ote Dept.		22b. SIGNATURE	R	tad			DEGREE ATTENDING PHYSICIAN [MEDICAL ST	AFF SICIAN [22c DATE	SIGNED
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BP		BURIAL, CREMATION, (SPECIFY) remation	REMOVAL	236. DATE 8-19-	86 Ro	sedal	emetery or crematory Le Funl. Chapel	Martinsb	wrg-Be	rkëley-	-West Na
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR G	eorge-	Upchur	ich Funera	l hon	1e. P.A. 250 DAT		AR 256 REGISTE	RAR'S SIGNAT	TURE



01.10116	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH STATE OF MARYLAND & 2 5 5 5 5 5 5 5 5 5	0.3
may be page 3 er death		PECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY PE OR PRINT) MIDDLE LAST 20. DATE OF DEATH MONTH DAY 8-13-86	YEAR 26 HOUR 350 pm
May 4 m	70. BI	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED DEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEA	DAYS HOURS MIN.
(AG)	30.c	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION 126. INDICATOR OF WORKFOR MOST OF WORKING LIFE) INDICATOR OF WORK FOR MOST OF WORKING LIFE) INDICATOR OF WORKING LIFE LIFE LIFE LIFE LIFE LIFE LIFE LIFE	KIND OF BUSINESS OR JETRY 21 and 25 C
o pulled in h	130. 3	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 133. COUNTY 134. CITY OR TOWN 134 INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 53 AV 1 CETT AUE FATHER'S NAME 15. MOTHER'S MAIDEN NAME	21502
e executed with	16a V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	layton
ist, BALTIM retrificate be e g physician a bon papers. Po removal.		18 CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). CARLESIA DEATH ACTUAL BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN. The low requires that the death certificate be executed within 24 hours of the ordered ing physician and completely tilled in this certificate has been signed by the attending physician and completely tilled in as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be and Amenial Hygiene prior to burial, cremation, or removal.	CERTIFICATION		FINDINGS USED AUSES OF DEATH?
ON OF VITALR TYSICIAN: The I dding physician. Is certificate hos burial-transit pe Mental Hygiene or Item 18 sha	MEDICAL CERT	YES NO YES NO YES NO YES NO YES NO YES YES NO YES YES NO YES YE	
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TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: H		R. J. BARRERA JA HLEG. CO. PURSING HI BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OF CREMATORY 236 LOCATION	OME
BP		Removal CITY OR TOWN COUNTY	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	FUNERAL DIRECTOR NAME ADDRESS AUG 22 1980 Julia Dand	GNATURE



12-1767	2	1 -	FOR STATE REGISTRAR		DEPARTM	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	8 6 2 NENE REG. NO.	150	4
, ne	-		CEASED NAME FIRST OR PRINT)	WIDDLE			ST	20. DATE OF DEATH MONTH		26 HOUR
d ve			EDITH	MAE	DRI	EYER		AUGUST 24, 19		9:40A _M
tor. p		3. SE	x female	4. RACE White		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	HOURS MIN.
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to the state of th	510		TY OR TOWN OF DEATH	11. NAME OF HOSPIT (IF NOT IN SUCH FACILITY MEMORIAL H	Y. GIVE STREET A	G HOME O	R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) NOUSEWIFE	ING LIFE) 12b. KIND (INDUSTRY)	of Business or
C Supplied to the supplied to	35	1Ja :		OR OTHER INSTITUTION, GIVE RES		ADMISSION)	YES 🛛 NO 🗌	13e.STREET ADDRESS / ZIP (710 Shriver	CODE	1502
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e execut	medicol		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) { IF YES, G	IVE WAR OR DATES)	DCIAL SECUI	RITY NO.	Mrs. Thomas	Mullan, Cumber	cland, MD	wo-niece
law requires that the death cert s been signed by the ottending I srmit. Then please remave corbor	e priar to burial, cremation, or rer s any injury, or other troumatic ev	CERTIFICATION	Canditians, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	emscalectory	CONSEQUE	ACE OF ELLE	IS CHEMIC CONTRELATED TO THE TERM COKIN. WAS PERFORMED	D Old a	N GIVEN IN PART 1	NGS USED
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NG PHYSICIAN: The law require attending physicion. there this certificate has been sign os the burial-transit permit. Then	rked or hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK			19 ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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OR by	State Dept		22d. SIGNATURE	anjithan		C		MEDICAL STAFF DIRECTOR PHYSICIAN	8	124/86
O HOSP eroined b	with the State		DR. RANJITHAN	4			CUMBERLAND,		L BUILDIN 21502	G
BP			BURIAL, CREMATION, REMOVA SPECIFY) BUTIAL	08-26-19			METERY OR CREMATORY y Lutheran Ce	m. Cumberland	Allegar	STATE NO.
DHMH - 16 6 (VRA 15			JNERAL DIRECTOR JAMES F. Scarp		ADDRESS		25a. DATI	E REC'D BY REGISTRAR 256 RE		TURE

1 4 8 6 3	1.	FOR - STATE REGISTRAR	DEPAR	2 1	DAY YEAR 12h HOLL				
oth o		CEASED NAME FIRST	ROBERT		AST ARSOM	20. DATE OF DEATH	-	05 86	26 HOUR 4;50
se 4 may be	3. SE	× MALE	4. RACE WHITE	5. DATE C		6. AGE TIN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 H
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by the fu		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPATOR OF WORK FOR MOST Ret. Supe	ION OF WORKING LIFE TVI, SO	INDUSTRY	F BUSINESS
Filled in	13a. MA	AL RESIDENCE (IF NURSING HOME STATE 13b CO RYLAND ALL			13d INSIDE CITY LIMITS?	12 STREET ADDRESS	ie Te	rr. 2	21502
impletely	2	John	William Ea:	rsom	15. MOTHER'S MAIDEN N Minnie			Dowde	n
n ond ca	. (WAS DECEASED EVER IN U.S. / YES, NO OR UNKNOWN) (IF YES, (ARMED FORCES? 166 SOCIAL SE 214-07		17. INFORMANT Leslie Bri	inkman C		land,	MD
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The low rection.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDING CAUSES	
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O HOSPITAL OR ATTEND efouned by the hospital of to FuneRal DirecTOR. A should be detoched for use with the Stote Dept. of Heal MADRIANT, if hem 21 is many or the stote of the		sow the deceased alive	ngal, view the body after death.	56.0	DEGREE ATTENDING PHYSICIAN 220 ADDRESS MEMO	/	AFF ICIAN []	22c. DATE	
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	Aug. 8, 1986		EMETERY OR CREMATOR	Cumbe	rland	Alle	Jany
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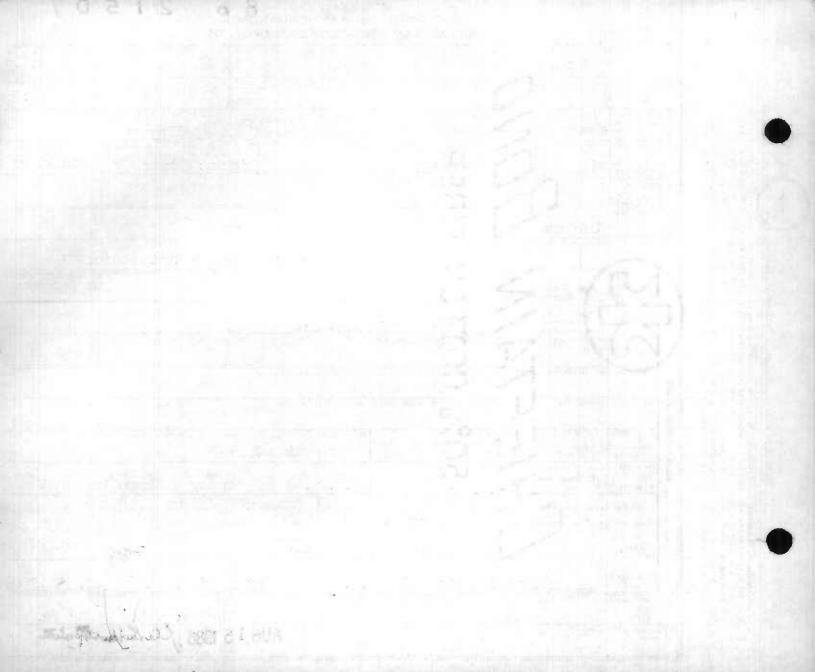
John Hilliam Earson Minnie Cumberland, 10

Burial .ug.8,1986 Hillcrest Burial 1. Cumberland allegany is

15766	1 - STATE REGISTRAR	ING, MD DETAKT	CERTIFICATE OF DEATH	REG. NO.	- Comment
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deoth. Pogrupe directions and a source.	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY USA	RARRIED NEVER MARRIED WIDOWED DIVORCED	ALLEGANY COUNTY	TH
by the fr	Cumberland	SACRED HEART HO	DSPITAL	Burse word verweller to DDU	Transit
in 24 hours hours be	130 More At	me or other institution, give residence before Pergany London	YING 13d. INSIDE CITY LIMITS?	118 Jackson St.	21539
ompleteli ompleteli	Charles	MIDDLE Knappast	15. MOTHER'S MAIDEN N May	MIDDLE Fazenbak	kenn St
be execution and consistence of the consistence of	16a WAS DECEASED EVER IN U. 1965, NO OR UNKNOWN) (16 Y	S. ARMED FORCES? S. GIVE WAR OR DATES! 219 14	5439 Mrs. Cleo	Fazenbaker, Lonacon	ing,Md.
Dow requires that the death been signed by the otten mit. Then please remove any prior to buriol, cremation, any injury, or other troums.		DUE TO ON A VACONSEOL	DEATH BUT NOT RELATED TO THE TELL H OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES, WERE F	INDINGS USED
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TO HOSPITAL O efoined by the Should be defected with the Stote D MADORTANT: If I	228. PHYSICIAN'S NAME (//	22e ADDRESS	RRACE, FROSTBURG, MD 2	415 80
PPBP	230 BURIAL, CREMATION, REMO	DVAL 23b. DATE 23c	Name of CEMETERY OF CREMATORY ak Hill Cemeter	Y 23d LOCATION	
DHMH - 16 60M 7/84 (VRA 15, 4)	Eichnorn Fur	eral Home, Lona	9,114	ATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIC	GNATURE 400

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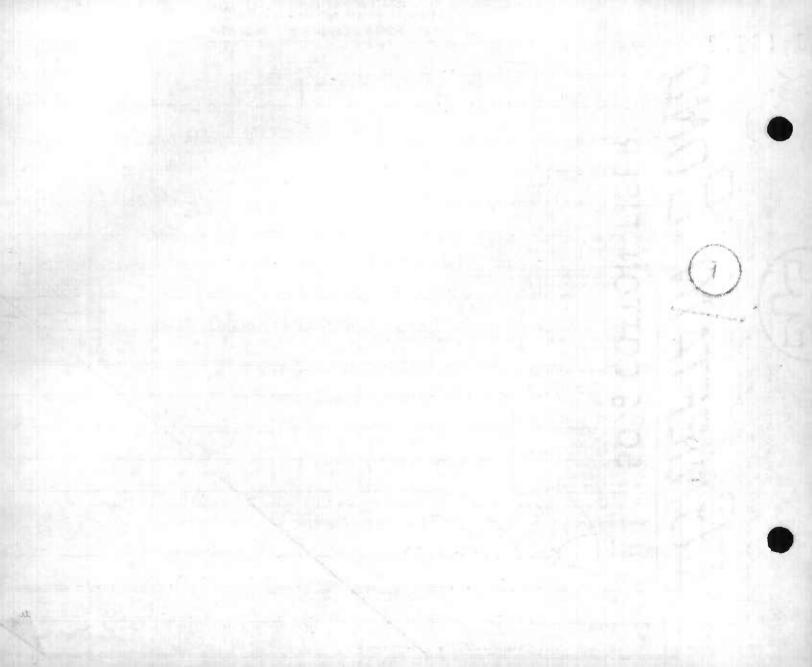
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n š	M PM 3.		ATHER'S NAME	MIDDLE		LAST		15. MOTHER'S MAID		MIDDLE			LAST	
ORE	O AN PER	/	Unknow		2500		TV 110	Un IT INFORMANT	known	ADDRE				
BALTIMOR	JRS AFTER DE S. GIVE PAGE: WITH FORM F. PAGES 1 AN DIVISION ON		VAS DECEASED EVER IN U.S. A ES, NO, OR UNKNOWN) (IF YES, G	VE WAR OR DAT		SOCIAL SECURI	IY NO.	Trooper	Sears,			ice		
			18 CAUSE OF DEATH (Enter PART I DEATH AWAS CAU	only one cou	se per line for ((o), (b), and (c).)						BET	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
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DIVISION OF VITAL RECORDS,	HOULD BE EXECUTED WITHIN RD "PENDING" IN PENCIL IN HIEF MEDICAL EXAMINER A USED AS A BURIAL - TRANSI OF HEALTH AND MENTAL HY RIAL, CREMATION, OR REMO	NO	PART 2 OTHER SIGNIFICANT CONDITIO	NS <u>CONTRIRUTIN</u>	IG TO OEATH BUT N	OT RELATED TO THE TER	MINAL DISEA	SE OR CONDITION GIVEN IN PA	ART 1 to					
I RE	HEA AL	MEDICAL CERTIFICATION	198. DATE OF OPERATION	19	& CONDITION	FOR WHICH OPE	RATION V	WAS PERFORMED?		31.00		20	AUTOPSY?	
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SIO	SHOOT SHOT SH	DIC.	CONTRIBUTING CAUSE C		PLACE OF IN	8-6 198	0	OCATION	16		-			
5	WINER: THIS CERTIFICATE SHO IFICATE, WRITING THE WORD BE FORWARDED TO THE CHIE CTOR: PAGE 3 SHOULD BE US IT THE STATE DEPARTMENT OF ILAND, 21201 PRIOR TO BURIA	E	WHILE AT WORK	Œ.	STREET, FACTORY,		U.	S.Rt.50	-	ney I	lampsi	nire	W	V STATE
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	SHE SHE		SIGNATURE 10	~	ma	Mar	1	A.D. Deputy	MEDICA	L EXAMINER	DATE		5-0-0	
	SE S		EXAMINER'S NAME (TYPE OR PRINT)	Giovan	ni Mast	rangelo.	M.D.	ADDRESS 900 S	Seton D	rive. C	mberl	and	. MD	21502
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGE BOATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a.B	URIAL, CREMATION, REMOVA			23c. NAME OF CE			23d LOCA			VINITY		
07/84	BP	,	Cremation	8-11	-86	Omps C	rema	itory		chester,	COI	-	Ve	l.
25M	DHMH - 17	24 FI	NERAL DIRECTOR	Marie I	ADDRESS			25a. DAT	16 1 5 RE	1986 F.A	CIS AT A	SIGN	是人	5 1
977	1VR A15 ME (5))		Larry S. Miller		Romn	ey, W. VA				4				A



	I DEC	00.000	IRST		DDIE		AST	2a. DATE OF DEATH	MONTH [DAY YEAR	2b. HOUR
deode		SARA		NMI			RRIS	JULY	24	1986	04:00PA
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11) FA	THER'S NAME FIRST	MIDDE	ŧE.	LAST		15 MOTHER'S MAIDEN NA	WE		LAS	51
10	14- 14	Robert VAS DECEASED EVER IN 1	L.		ards	IDITY NO	Jessie 17 INFORMANT	ADD	MC RESS	Gee	
/			F YES, GIVE WAR		2194407		Gus N. Har			13e	
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29	AL CERTIFICATION	Conditions, if ony, will gove rise to immedicate (a), stating underlying cause from the course of th	CAUSED BY MEDIATE CA hich lighter the fost.	DUE TO, OR (b) DUE TO, OR (c) DUE TO, OR (d) 19b CONDITI 21b. TIME OF HOUR A.M.	AS A CONSEQUI AS A CONSEQUI NTRIBUTING TO I ION FOR WHICH	ENCE OF ENCE OF DEATH BUT OPERATIO	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	20b. IF YES IN CERTIF YE	EN IN PART 10 5, WERE FINDING CAUSES 15	O NGS USED S OF DEATH?
29		Conditions, if ony, wigove rise to immedicate to isolar underlying cause from the course of the cour	CAUSED BY MEDIATE CA hich liote the lost. CANT CONI	DUE TO, OR (b) DUE TO, OR (c) DUE TO, OR (c) DUE TO, OR (d) DITIONS CON 19b. CONDITI 21b. TIME OF HOUR A.M. P.M.	AS A CONSEQUI	ENCE OF DEATH BUT OPERATIO	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR	NINAL DISEASE OR CO	20b. IF YES IN CERTIF YE	EN IN PART 10 S, WERE FINDING YING CAUSES S PART 1 OR PART 2)	ONGS USED O OF DEATH? NO
2	MEDICAL CERTIFICATION	Conditions, if ony, wigove rise to immedicate to immediate to	CAUSED BY MEDIATE CA hich liote the fost. CANT CONI	DUE TO, OR A (b) DUE TO, OR A (c) DITIONS CONDITI 71b. TIME OF HOUR ALM P.M. 71e. PLACE OI	AS A CONSEQUI	ENCE OF DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	20b. IF YES IN CERTIF YE	EN IN PART 10 5, WERE FINDING CAUSES 15	O NGS USED S OF DEATH?
79		Conditions, if ony, will gove rise to immed couse (o), stolling underlying couse for the couse of the couse o	CAUSED BY MEDIATE CA hich liote the fost. CANT CONE YING SE OF DEATH EXAMINER)	DUE TO, OR A (b) DUE TO, OR A (c) DIDITIONS CON 19b. CONDITI 21b. TIME OF HOUR A.M. P.M. 21c PLACE OI (AT HOME, STREE	AS A CONSEQUI AS A CONSEQUI MAS A CONSEQUI MONTH D. MONTH D. FINJURY FINJURY FINJURY FINJURY	ENCE OF ENCE OF OPERATIO AY YEAR 19	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR 21f LOCATION STREET	NINAL DISEASE OR CO 200 AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF YES IN CERTIF YE JURY IN ITEM 18 P	EN IN PART 16 S, WERE FINDIN YING CAUSES S D ART 1 OR PART 2) COUNTY	ONGS USED OF DEATH? NO
(2) is marked at from 18 hades any injury, or other troumofic ever		Conditions, if ony, wigove rise to immedicate to immediate to	MEDIATE CA hich liote the fost. CANT CONE VING SE OF DEATH EXAMINER) is hospitally	DUE TO, OR (b) DUE TO, OR (c) DUE TO, OR (c) DITIONS CON 19b. CONDITI 21b. TIME OF HOUR A.M. P.M. 21c PLACE OIL (AT HOME, STREE oftended the	AS A CONSEQUI AS A CONSEQUI MAS A CONSEQUI MONTH D. MONTH D. FINJURY T. FACTORY, OFFICE, I	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR	TINAL DISEASE OR CO 200 AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF YES IN CERTIF YE JURY IN ITEM 18 P	EN IN PART 10 S, WERE FINDIN YING CAUSES S D PART 1 OR PART 2) COUNTY	ONGS USED SOF DEATH? NO STATE
29		Conditions, if ony, will gove rise to immed couse to isoting underlying couse for the couse of t	MEDIATE CA hich liote the fost. CANT CONE VING SE OF DEATH EXAMINER) is hospitally	DUE TO, OR (b) DUE TO, OR (c) DUE TO, OR (c) DITIONS CON 19b. CONDITI 21b. TIME OF HOUR A.M. P.M. 21c PLACE OIL (AT HOME, STREE oftended the	AS A CONSEQUI AS A CONSEQUI MAS A CONSEQUI MONTH D. MONTH D. FINJURY T. FACTORY, OFFICE, I	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 21g. 19 8 cm that in (my) (our) opinion DEGREE	VINAL DISEASE OR CO 200 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR CITY OR COUNTY OF THE COUN	20b. IF YES IN CERTIFY YE JURY IN ITEM 18 P	EN IN PART 16 S, WERE FINDING CAUSES S COUNTY 19 County 1220 DATE	ONGS USED OF DEATH? NO STATE that (I) (we) los couses stated
29		Conditions, if ony, will gove rise to immedicate to immediate to	CANT CONIC N YING SE OF DEATH EXAMINER) Is hospital to blive on the lidit of the	DUE TO, OR (b) DUE TO, OR (c) DUE TO, OR (c) DUE TO, OR (d) DITIONS CON 19b. CONDITI 2 lb. TIME OF HOUR A.M P.M 21e PLACE OI (AT HOME, STREE wither body of	AS A CONSEQUI AS A CONSEQUI MAS A CONSEQUI MONTH D. MONTH D. FINJURY T. FACTORY, OFFICE, I	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c, HOW INJURY OCCUR 21f LOCATION STREET 21g 19 8 9 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	TINAL DISEASE OR CO 200 AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF YES IN CERTIFY YE JURY IN ITEM 18 P	EN IN PART 16 S, WERE FINDING CAUSES S COUNTY 19 County 1220 DATE	ONGS USED OF DEATH? NO STATE that (I) (we) los couses stated
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN ESTI-MARGARET DEATH MATED HART 4 RACE 3 SEX IF UNDER 24 HRS 2d HOUR DATE VEAD LAST BIRTHDAY) PRONOUNCED April 8.1907 Female. Cau DEAD 17 1986 0640 L CITIZEN OF WHAT COUNTRY BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! IIS A Pennsylvania DIVORCED IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY Switchboard Oper. Newspaper 13a STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany Maryland Cumberland 508 Rose Hill Ave 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME John WERCH Margaret 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO. ADDRESS LYES NO OR UNKNOWN 219-14-7281 Harry E. Hart-Address same as #13 above 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Cardio-pulmonary arrest sudden IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Cardio-yascular(arteriosclerotic) disease years gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or CERTIFICATION Chronic renal failure 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21# PLACE OF INJURY LATHOME 21 LOCATION STREET, FACTORY, FARM, STC. I CITY OR TOWN WHILE AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: ATTER DEATH, WITH THE S BALLIMORE, MARYLAND, 22a. I certify that Marie all orge of the remains described above, held on Autopsy death resulted from Undetermined monner Homicide TITLE (SPECIFY) ACTUAL: DATE Dpty 8-18/86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Snow M.D. Paul ADDRESMemorial Hospital, Cumberland Md 230 BURIAL, CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATORY Cumberland-Allegany-Maryland Burial 8-20-86 Rose Hill Cemetery 07/84 24 FUNERAL DIRECTOR Geogre-Upchurch Funeral Home, P.A. 1250. DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE 202 Greene Street-Cumberland, Md. 21502 DHMH - 17 (VR A15 ME (5))



Jac Jenstein Als 22 260 Jac Jenstein Brasser. Vo.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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Hale White Oct., 1954 51

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Harry F. Hess Gvelyn Clingermen

Yes Feace Time Connet Hess Cumberland, TD

Burial Aug. 19,1980 at. Lanco's Cem. Cumberrad Allegany MD Hilliam G. Kight Cumberland, MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND MARKIAND

986 DAWSON CEMETERY

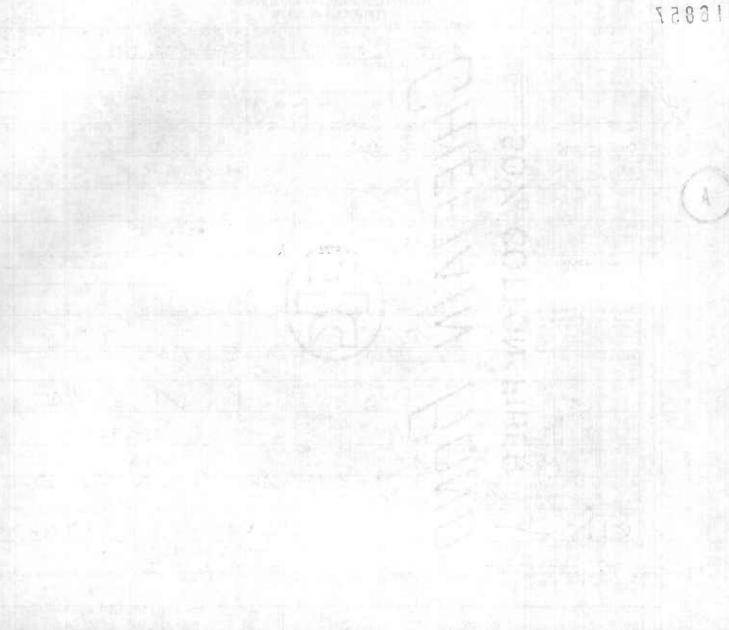
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COUNTY

22c. DATE SIGNED

STATE

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-81812	1.	FOR - STATE REGISTRAR	TE CERTIFICATE OF DEATH REG. NO.										
y be 3 death		On now 1	THUR		MIDDLE	KI	ELLY		AUGUST 22, 1986			DAY YEAR	1:30A.
Page 4 may be director, page 3 hours offer death	3. SE	x Male	4	RACE Whi	te	S. DATE O		YEAR 1898	6. AGE (IN	YEARS LAST BIR		MONTHS DAYS	HOURS MIN.
earth. Page erol direct n 72 hours		IRTHPLACE (STATE OR FOI COUNTRY) Adams co.	Pa.		WHAT COUNTRY	2 8	DE NEVER		9 BALTIM	ORE CITY O		OF DEATH	V MD
y the fur		ITY OR TOWN OF DEATH	1 1	1. NAME OF H	HOSPITAL, NURS THE FACILITY, GIVE STREET L HOSPIT	NG HOME ((TYPE OF WO	OCCUPATION OF FOR MOST OF	F WORKING LIF	126. KIND (INDUSTRY	F BUSINESS OR
hours and be find	USU	AL RESIDENCE (IF NURSIN	HOME OR O	THER INSTITUTION	131. CITY OR TO	RE ADMISSION)	136 INSIDE O	CITY LIMITS?	13e.STREET	ADDRESS /	ZIP CODE		1502 230
Open 2 mg	14 F.	ATHER'S NAME FIRST Henry		IDDLE	Kelly			'S MAIDEN NA. FIRST Cllen	ME	WIDDLE		Mali	er
rtificate be secured physician and compage 15 pages 15 amonal.		WAS DECEASED EVER IN YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	166. SOCIAL SEC		17 INFORM		Straw	ADDRE			MD umberlan
requires that the deat en signed by the otter 1. Then please remove c or to burial, cremation, y injury, or other troum	TION	cause (a), stating underlying cause PART 2. OTHER SIGNII	last.	ONDITIONS CO	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	DEATH BUT						EN IN PART 1	
N: The law re ysician. cate has been ansit permit. Hygiene prior 8 shows any i	CERTIFICATION	19a. DATE OF OPERATION				H OPERATIO			YES	NO [IN CERTIF	YING CAUSE	
SICIAN: ng phys certifico rial-troi	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	P.,	M. MONTH I M.	DAY YEAR	211 LOCATI	NJURY OCCUR	RED (ENTER	NATURE OF INJUI	RY IN ITEM 18 P	ART I OR PART 2)	
G Ph er th ond ond	MED	21d. INJURY OCCURRE WHILE AT WORK AT WORK			REET, FACTORY, OFFICE		STREE			CITY OR TO	WN	COUNTY	STATE
optol sprtol for us of He		22a. certify that (1) (t saw the deceased above, (1) (we) (did					nd that in (my) (aur) apınian	death accur	red on the do			, that (I) (we) last a causes stated
HOSPITAL OR med by the high FUNERAL DIRECTION of the State Depth of th		22d PHYSICIAN'S NAM		erne K	7.		MEMORE	ATTENDING PHYSICIAN [EAL HOS] RLAND,	PITAL	R PHYSIC	CIAN	TLDING	ESIGNED
P		BURIAL, CREMATION, RI (SPECIFY) Burial UNERAL DIRECTOR	MOVAL	236 DATE 8/26/	86			CREMATORY Emetery 25a DAT	G	ettvst		COUNTY Adams RAR'S SIGNA	STATE PA.
(VRA 15, 4)		Robert A. N	lyers	Wes	t Minist	er, M),	\$EP!	0219	86 /	dia No	in P	deste

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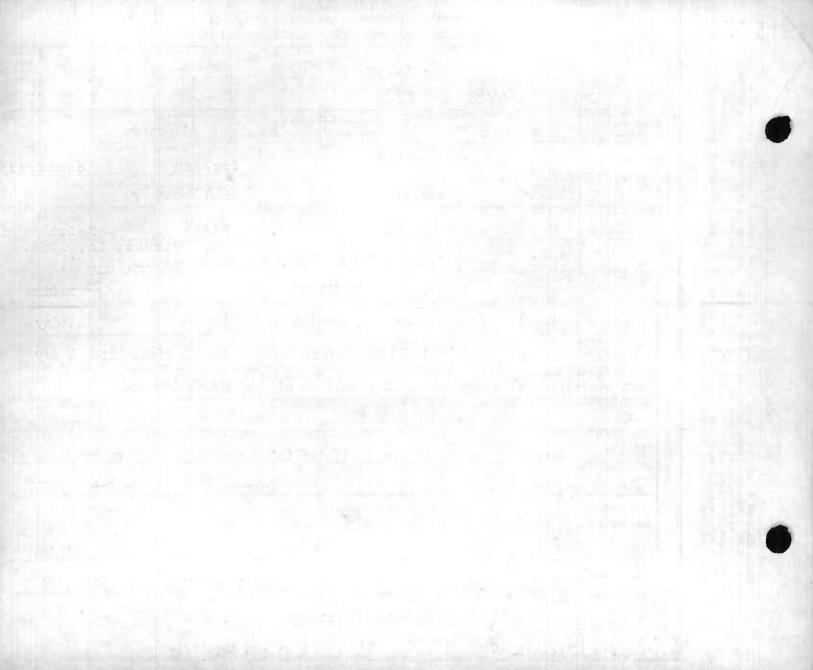
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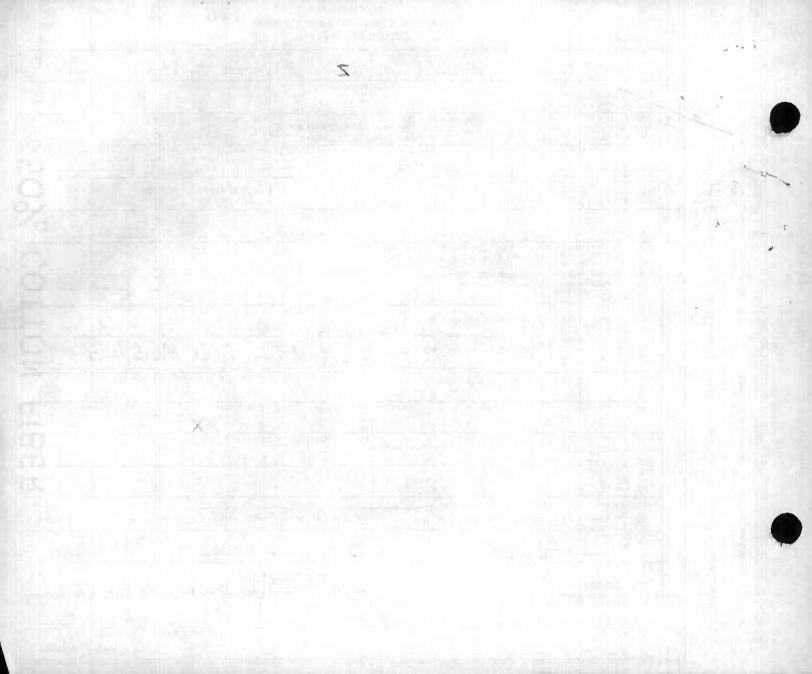
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1 3 0 0 3	1. DE	CEASED NAME FIRST		MIDDLE		AST	REG. N		AY YEAR	2b. HOUR
1 74	{TYP	ORVI	IIF .	JUNIOR	K	ENDALL		ST 8,		2000
And and a	3.58		4. RACE	0.112011	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	76.13	COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY O		OF DEATH	^
150	,10. C	Cumberland	(IF NOT IN SU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET ED HEART	ADDRESS)	TAL	12d. USUAL OCCUPAT (TYPE OF WORK FOR MOST C Retired	F WORKING LIFE)	INDUSTRY	Shop
(A)	13a	AL RESIDENCE (IF NURSING HOME STATE 136 CO aryland Al	OR OTHER INSTITUTION UNITY Legany	13c. CITY OR TOWN	N	13d INSIDE CITY LIMITS?	P.O. Box	ZIP CODE	2152	4
and	1	Orville		Kendall		IS. MOTHER'S MAIDEN N Goldie	V. MIDDLE		thews	
Poper		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)			Maxine M.	Kendall -		as a	bove
he requires that the opti- been signed by the atten- nic Their please remone of their please remonation.	IFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	DUE TO, C	DR AS A CONSEQUE	DEATH BUT	tiple Myelo Advation NOT RELATED TO THE TER		DITION GIVE	N IN PART 100	
21 21 17							YES NO	IN CERTIFY	ING CAUSES	OF DEATH?
SICIAN ng physic certhcoth seriol from ternol from	IICAL CERT	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIF EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A	.M. MONTH DA	Y YEAR		RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT 1 OR PART 2)	
A principle of the factor of t	MEDIC	21d. INJURY OCCURRED NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
CTOR A CTOR A CTOR A CTOR A CT Note		22a.1 certify that (I) (this has saw the deceased alive abave, (I) (we) (did) (did	on	.19		d that in (my) (aur) apınıar	n death accurred an the de			that (I) (we) la causes stated
AL DRE NO ME DRE DRESCRIPTION OF THE PROPERTY		226 SIGNATIZ	del			DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF JIAN 🗌	22c DATE	SIGNED
D HOSPIT Could be the fig. 1		DR. JOHN ME				220 ADDRESS	3 SETON DRIV	E CUMI	BERLANI	D, MD
8P		BURIAL, CREMATION, REMOVE (SPECIFY) BURIAL				metery or crematory t Mem. Park	23d. LOCATION		county 11ega	STATE
DHMH 16 60M 7/84 (VRA 15, 4)	24 F	John J. Ha:	fer, Jr	• LaVal	e. M	D 250 PA	JE REC'D, BY REGISTRAR		AR'S SIGNATI	URF

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5916		STATE REGISTRAR		MEI	DICAL	EXAMINE	R'S C	ERTIFICATE		KE	G. NO.		
S. 201 W. PRESTON STREET,		CEASED NAME PE OR PRINT)	JOHN		MIDDLE R	·icha	rd	KOONTZ		20. DATE KNOW OF ESTI- DEATH MATER		3 19 86	26 HOUR 1225
	3. SE	x ale	Cau	DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY	MONTH	DER 1 YR. IF UND		2c. DATE PRONOUNCED DEAD	нтиом 8	3 ,86	2d HOUR 1225P
7	F	Penna	ATE OR	76 CITIZEN OF WE	AT COUN		MARRII	EDX NEVER MA	RRIED	9. BALTIMORE CI	gany	ITY OF DEATH	MD.
7	5	Cumber1	and		al H	ospital		ER INSTITUTION	FOR A	JAL OCCUPATION MOST OF WORKING LIFE Oreman	(TYPE OF WORK	OR INDUST	
1 (13°P	AL RESIDENCE STATE enn	Bedf	OR OTHER INSTITUTION, GR O rd	134 CITY EVE	OR IGWN Pett	4)	13d INSIDE CITY LIMITS		D ADDRESS Bo	x 91	99	999
)!	5	ATHER'S NAME FIRST Wils	on	MIDDLE B.		last		15. MOTHER'S MA		Edith		Smith	1
100	1	yes, no, or unkno	WWI	WAR OR DATES)	18	S 5 - 12 -	9281			91, E†® ine Koo			5537
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OR REMOVAL.			ns, if any, which se to immediate	\ F		operati		raniotomy	у	331		1 d	ay
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1		21a. EXTERNA UNDERLYING	OR CAUSE OF	21b. TIME OF HOUR A.M DEATH 0600	. MONTH	DAY YEAR	100	f inflict					
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MARYLAND, 21201 PRI		22a. I certifi	y that took charg	ge of the remains desi		ve, held on	Autaps		tion X	Inquiry .	ond in my a		
, MAK		ACTUAL SIGNATURE	100	1 /m	~		M.	TITLE (SPECIFY) DDty			DATE SIGN	_{ED} 8/3/	86
AFTER DEATH, WIT	2	EXAMINER'S (TYPE OR PRIT	NAME Paul	Snow, M.D.				ADDRESS Memo					J 1
A A	23a f	BURIAL, CREMA	TION, REMOVAL		230	NAME OF CEME			23d LO	CATION Be	dford	INICO S	TATE
7		burial UNERAL DIREC		-6-86		ctt, Pa		125g DA	TE REC'D. BY	REGISTRAR 256	ury to	wp, per	ina
SME (5))	4	regust	Walle	Ville		, ,	, .	AUG	1214	65 /6:	Nº Co	4) 174	





06-	17	655	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIEN	6 2 REG. NO.				
				CEASED NAME FIRE	T	AA	IDDLE		AST	26	26. DATE OF DEATH MONTH DAY YEAR 26 HOUR				
	be /	poge 3		Anr	a	Eli	zabeth	Kr	eider		August 2				
	ma)	. po	3. SE	X	4 RA	4 RACE 5			DE BIRTH	6.	AGE IN YEARS LAST BIRTHDAY	MONTHS DAYS			
	4	of a f	130	Female		Whit	8	Ma	-01	6	80 YRS.				
	4	100	J=^BI	RTHPLACE (STATE OF FOREIG	N 75 CI	ITIZEN OF V	VHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9.	BALTIMORE CITY OR COUN	TY OF DEATH			
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1	1	11 2	10 C	TY OR TOWN OF DEATH			OSPITAL, NURSIN		OR OTHER INSTITUTION	12	USUAL OCCUPATION	12b. KIND (GLIFE) INDUSTRY	OF BUSINESS OR		
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6	12)	13 6	USU TJa.	AL RESIDENCE HE NURSING HE STATE 13b.	OME OR OTHER	R INSTITUTION	13c. CITY OR TOW	E ADMISSION)	13d INSIDE CITY LIMITS	s? 13	e STREET ADDRESS				
2	1	100			lleg	any	Frostb	urg	YES NO		22 Uhl St.	21532			
RYL	1	1:11	14 F/	ATHER'S NAME	MIDDLE	E &	LAST		15 MOTHER'S MAIDEN	NAME	WIDDIE	LA	AST		
A A	7		1	William	H.R		Thomas		Jessie	е	Viola	Albrig	ht		
ORE	xec	ges		VAS DECEASED EVER IN U	S. ARMED		166 SOCIAL SECU		17 INFORMANT		ADDRESS				
IW	e e	S. Po		No	1 4 1		217-14	-451	Mrs. Jes	anne	e Broadwate:				
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o.	ICIA 9 pl	S certifica burial-tra Mentol Hi	7 F	OR CONTRIBUTING CAUSE		P./		19							
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	TC	F		BURIAL, CREMATION, REM		b. DATE			EMETERY OR CREMATO		23d. LOCATION CITY OR TOWN	tohnia	STATE		
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		I - 16 50M 1/81	24 F	UNERAL DIRECTOR			ADDRESS			DATER	REC'D. BY REGISTRAR 25b. REC	SISTRAR'S SIGNA	ATURE		
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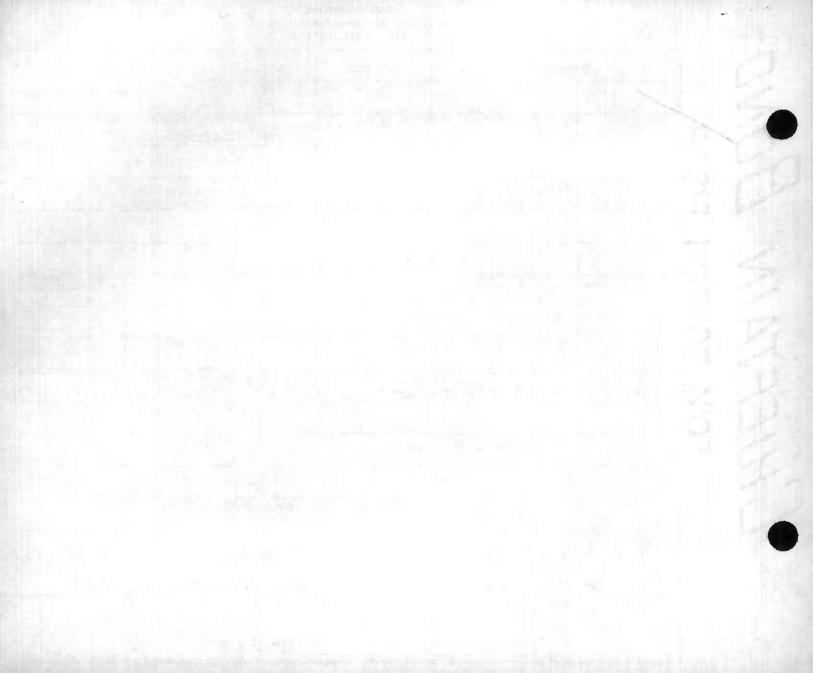
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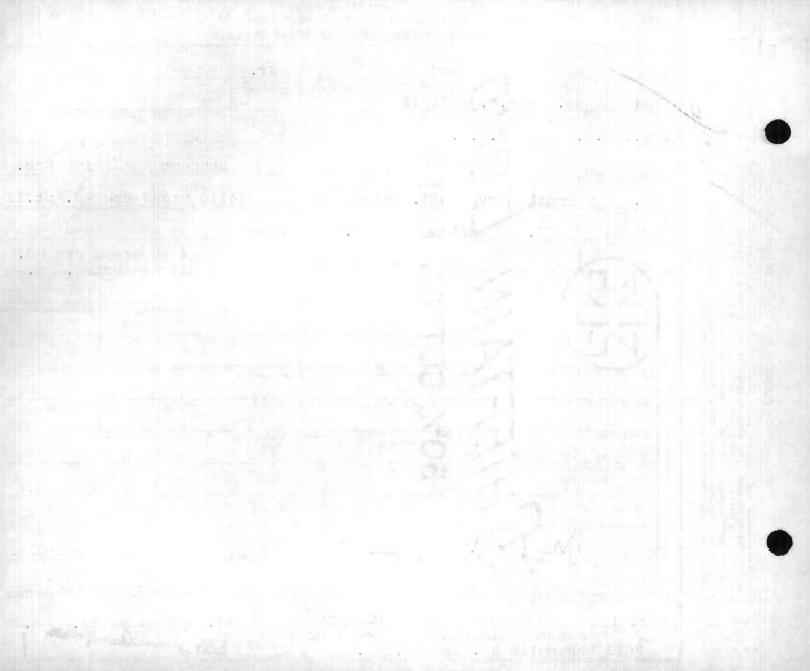
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* 65 8		MALE	WHI	re	MONTH 9/1	/31	514	YRS	MONTHS DAYS	HOURS MIN.
2 Pop 18	7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN O	F WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE	CITY OR COUN	ITY OF DEATH	
11 11 18		ARYLAND CITY OR TOWN OF DEATH	U.S		WIDOWE	DIVORCED ROTHER INSTITUTION	120 USUAL OCC	iny Cour		MD. OF BUSINESS OR
1 11 1	9/	UMBERLAND	(IF NOT IN S	uch facility, give street ed Heart 1	ADDRESS)		(TYPE OF WORK FOR	MOST OF WORKING	LIFE) INDUSTRY	INARIAN
9 9	0.5	JAL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTIO		E ADMISSION)	13d. INSIDE CITY LIMITS			275	
and the state of t	-	ARYLAND ALL	EGANY	ECKHART		YES NO NO	RT 3		9 FROS	
d 2 sl	1/1	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN		DDIE	LAS	ST
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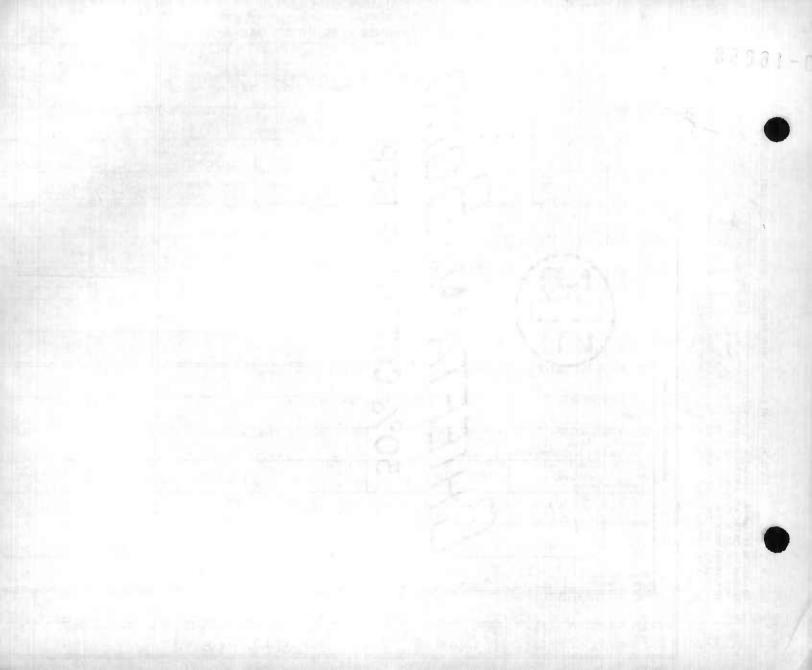
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T Style	CERT	210 ACCIDENT WAS UNDERLYING	LIOUR	OF INJURY	DAY YEAR	21c HOW INJURY OCCU				
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TOR At 10 Pitol of	6	220 I certify that (1) (this to saw the deceased alive abave, (1) (we) (did) (did)	e an 8 - 5	19	(1-1	nd that in (my) (aur) apinia	n death occurred an the		and from the	, that (I) (we) la e causes stated
A the box		224 PHYSICIAN'S NAME	yithan			DEGREE ATTENDING PHYSICIAN 177e ADDRESS	MEDICAL S DIRECTOR PHY	TAFF SICIAN [22c. DATI	25-8
o runes by		V. A. Ranjit				LMNH, Seton		rland, M	D 2150	02
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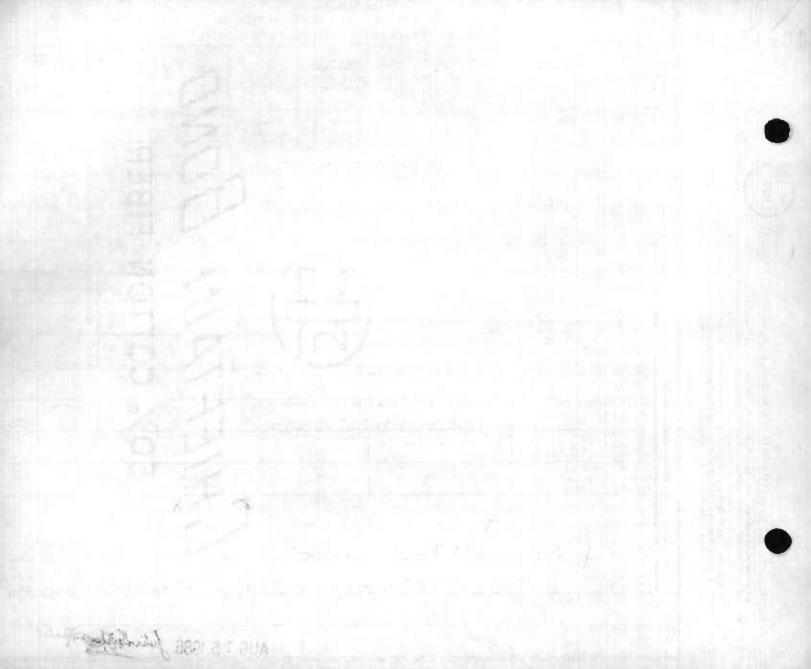
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21201	SHOUR SHOUR SHOUR LIRECON	13a S		1136 COUNTY	CK #43111011011, OI	13t. CITY OR TO	OWN	13d INSIDE CITY LIMITS?	13e STREET AD	DRESS		20	1906
2	A POPULAR AND A STANDARD A STANDA		Md.	Montgo	mery	Sil.S	Spring	YEND NO	14110) Grand	Pre	Rd.A	pt.11
§ 9		IA. FA	THER'S NAME	MIDI	DIE	LAST		15. MOTHER'S MAID	ENNAME	WIDDLE		LAST	
w.	DEATH.	1	James	V.		clendor	sr.		na	MIDDEC		Rego	
BALTIMORE, MD.	A S S S S	16a V	VAS DECEASED EVE	ER IN U.S. ARMED F	FORCES?	166. SOCIAL SI		17. INFORMANT		ADDRESS			
Ē	Ser		ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OF	R DATES)	219-84	-5947	Donna R	000	14110	Gran	d Pre	Rd.
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۵	ARRIAN TO	-	WHILE AT WORK	WORK	-34	road	Rt.	51				egany	MD
	VER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE FAGE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM THE STATE 25 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 13 HOLD IS STROULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 13 HOLD STRONG OF HEALTH AND MENTAL HYGIENE, DIVISION OF ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.			at I took charge of t	ha ramaine da	eribad about he	ld an Autop	osy X Inspectio					
	L EXAMINER: 1 E CERTIFICATE, DULD BE FORV L DIRECTOR: P H, WITH THE SI MARY (DAND,	1				-				/	d in my opin	ion	
	A BE BE		death resulted fro	Natural cas	uses ,	Accident X	Suicide	, Homicide .	Undetermined	d manner,			
	CERT CERT CULD E CULD E		ACTUAL	M ~	LOV			Deputy C	hief		DATE	8-17-	-96
	A HE HE HE HE		SIGNATURE	1.00		V -		A.D. Deputy	hief	CAMINER	SIGNED.	0-11-	-00
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, BALTIMORE, M		(TYPE OR PRINT)		. Dixor				Penn St.		., MD	21201	L
	535548 —	23a.Bl	URIAL, CREMATION	REMOVAL 236 DA	ATE	23c. NAME	OF CEMETERY C	OR CREMATORY	23d LOCATIO	N	COUNTY	S	STATE
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	ON OUR	6	rle	White	11-17-52		33 YR			1100.5		DEAD	8	24	19 86	3:34 M
	S NECESSARY, PLEASON FOUNERLORGE E S FOR YOUR FILES D, WITHIN 72 HOURSON W PRESTON STREET,	FC	RTHPLACE IST		76. CITIZEN OF WE	IAT COUN	ITRY?	8. MARRIE	D X NE	VER MARRI	ED D	9 BALTIMORE	CITY OR COU	NTY OF E	DEATH	
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OWIL	HE CAN		ES. NO, OR UNKNO	EVER IN U.S. AR	MED FORCES? WAR OR DATES]		IAL SECURITY		17 INFORA				DDRESS			
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12	OUR 118. MIT. E, DI		18 CAUSE OF	F DEATH (Enter on ATH WAS CAUSE	ly one cause per line D BY:									BET	PPROXIMATE WEEN ONSET	AND DEATH
NO	ITEM 18 LONG W PERMIT. GIENE, E		1 b		TE CAUSE (o)	langir	ISEQUENCE ()E		-				-		
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× ×	≥ Z € E E E		cause (a)	e to immediate stating the <u>under-</u>		AS A CON	ISEOUENCE O)F								
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2	PEN MEN CALL CR	CERTIFICATION	19a DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION WA	AS PERFOR	MED?				20 /	AUTOPSY?	
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	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERIN DIRECTOR: PATER DEATH, WITH THE SIT ARTER MARYLAND, 2	22- 0	URIAL, CREMATIC				IAME OF CE	METERY	ADDRESS_		123d LOCA		IDCT T	allu, I	0 213	UZ
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 24 DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-FELICIT PORTER MOSES DEATH MATED 8 31,086 1343 SEX 4 PACE DATE OF BIRTH IF LINDER 1 YR IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 1343 02 83 DEAD 31,086 Female Cau 11 11 BETHPLACE STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Allegany Maryland WIDOWED TO DIVORCED County usa IN CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Domestic House Cumberland Sacred Heart Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 1136. COUNTY 134 INSIDE CITY CIMITS? 113e STREET ADDRESS Allegany Box 208 Barton YES X NOF Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Ellen Howell Porter John 17. INFORMANT 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2ª HOURS ATTER CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PADULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCING WITH FOR LORGETOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PEMIT PAGES, 4, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERE DWISSON MARKYAND, 21201 PRJOR TO BURIAL, CREMATION, OR REMOVAL. I (IF YES GIVE WAR OR DATES) 215-56-9173 Mrs. Colleen Barnard Bloomington . Md 18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 2 days Sub-dural hematoma IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, it ony, which 2 days Fall at home gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 8/29/86 Evacuation of sub dural hematoma 71h TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING TOR MEDICAL 1130mm 8 Patient fell down 3 concrete steps at home CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME 71L LOCATION AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC.) Box 208 Barton Maryland Allegany 21521 At home 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection se Inquiry 1230 and in my opinian death resulted from Homicide Undetermined monner TITLE (SPECIFY) DATE 8/31/86 ACTUAL EXECUTE THE C PAGE 4 SHOU TO EUNERAL AFTER PEATH, BALTWORE, M Doty SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS Memorial Hosp. Cumberland Md 21502 Paul Snow. M.D. TYPE OR PRIME 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Allegany Laurel Hill Cemetery Barton Burial 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Westernport, Md. 21562 Service (VR A15 ME (5)) Boals Funeral

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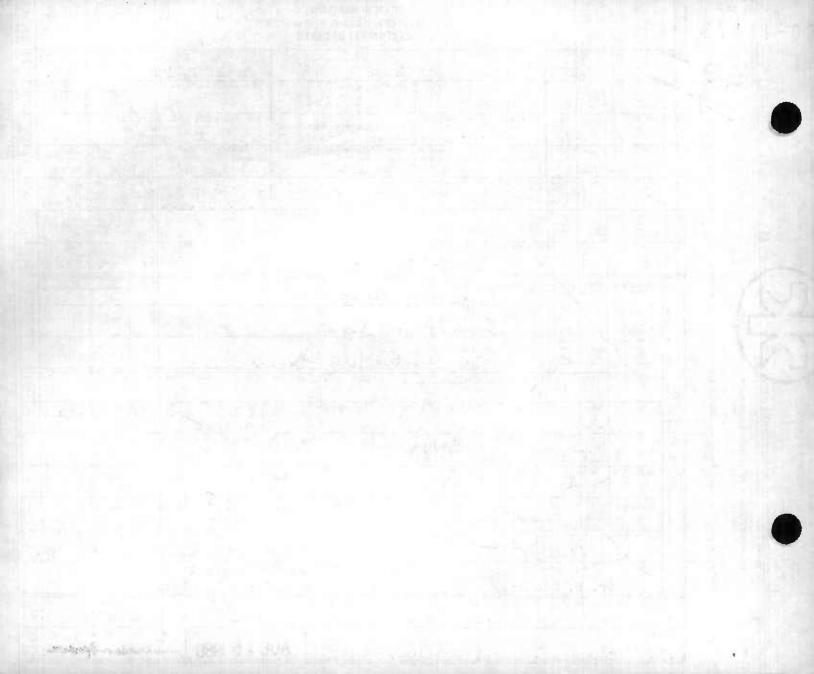
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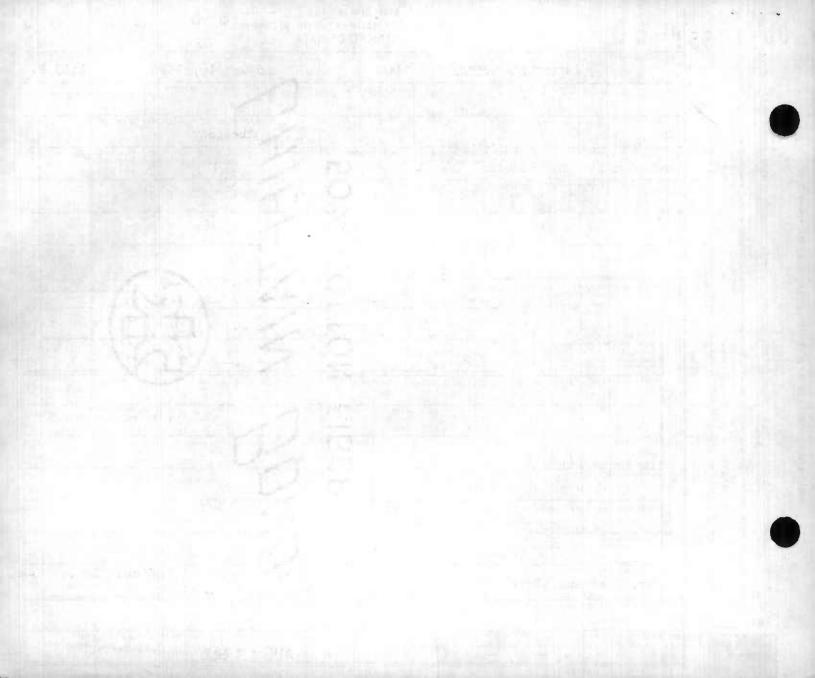
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O de 4 moy	MALE RACE WHITE	5. DATE OF BIRTH 04 11 1 1 2	Y	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. RS.
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-	PAGE 4 SHOULD BE CORWARDED TO THE TO FUNERAL DIRECTOR, PAGE 3 SHOULD ATTER DEATH, WITH THE STATE DEPARTMEN BALTIMORE, MARYLAND, 21201 PRIOR TO		27e I certify that I took charge of the remains described above, held on Autopsy X. Inspection . Inquiry . ond in my opinion												
2 70	A PER		death resulte	d from: Natur	ol couses ,	Accident	, Suici	de .	Hamicide	Und	letermined m	IV)	X.		
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Stanley F. Radcliff, Sr. Loena M Dotrick

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1D Allegany Cumberland MA 722 Avendale Ave., 21502

214-42-0560 Lelen Addeliff Cumberland, ID

burial oul.12,1986millerest Burial I cumberland .11 gany MD Millian G. Kight Cumberland, MD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1. DECEASED NAME LAST 2b. HOUR (TYPE OR PRINT) Randall 1986 Donald August 30 Truman 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1. SEX MONTH YEAR HOURS 19 1935 White Male BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY) USA Allegany County Maryland WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumberland Somerville Ave Westvaco Corp. Paper USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136. COUNTY 13a STATE 13e. STREET ADDRESS 13c CITY OR TOWN Maryland Allegany Cumberland YES K Somerville Ave 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST FIRST WIDDLE Willis T. Randall Bird Almeda R 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANI Cumberland, Maryland 21502 IYES, NO OR UNKNOWN) (# YES, GIVE WAR OR DATES) Yes 218-30-0755 Londa Randall Korean 17 Somerville Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 DIVISION OF VITAL RECORDS, CERTIFICATION 19n DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? NOK YES [NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Ť HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 10 Me 21e. PLACE OF INJURY 211. LOCATION 0 21d INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (aur) opinion deoth occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after deat) 226. SIGNATURE DEGREE 22c DATE SIGNED / MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the Dr. W. Guy Fiscus, M.D. Memorial Medical Bldg. Cumberland. 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY (SPECIFY) 9-2-1986 Burial Hillcrest B. Park Cumberland Allegany 24 FUNERAL DIRECTOR Cumberland, Md 20085 21502 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 60M 1 73 Leasure-Stein Inc. 230 Baltimore Ave. (VR A 15 (4)) •

STATE OF MARYLAND

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OR Posted	He		226. SIGNATURE		10	0		DEGREE			77 7 2 7	220 DATE	SIGNED
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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J		TY OR TOWN OF DEATH		PITAL, NURSING HON	E OR OTHER INSTITUTION	17a USUAL OCCUPATION		OF BUSINESS OR
1	F	rostburg	Fbg. Vi	llage Nu	rsing Home	Store Dep	t. Pext	iles
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	V	18 CAUSE OF DEATH (Enter of	anly one couse per line	for (a), (b), and (c).	1.		BETWEE!	XIMATE INTERVAL
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		Conditions, if any, which	(b)					
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9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERA	TION WAS PERFORMED		IN CERTIFYING CAUSE	S OF DEATH?
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0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	110110 4 14		AR TE HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART 2)	
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ч	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	INJURY FACTORY OFFICE FARM, ETC.	21f LOCATION STREET	CITY OR TOW	COUNTY	STATE
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		saw the deceased alive of obove, (1) (we) (did) (did)	nat) view the bady afte	er death.	., ond that in (my) (aur) apir	ian death accurred an the date	e and have and from th	e causes stated
1		226. SIGNATURE	A	.10	DEGREE	G MEDICAL STAFF		SIGNED
		Xtan	Dry	- MO)	ATTENDIN PHYSICIAI			21/06
I		22d. PHYSICIAN'S NAME TYPE	OR PHINT		11e ADDRESS			
		/						
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	24 FL	JNERAL DIRECTOR	57	Frost A		DATE REC'D_BY REGISTRAR 2	b. REGISTRAP'S SIGN	TURE
		urst Funeral	24					

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN X MONTH CTIPS OF PRINTS ESTI-ELIZABETH DEATH MATED ROBINETTE 26 19 86 6. AGE (IN YEARS 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED :19 female white 01-01-1929 57 DEAD 26 1986 TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA Allegany County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Ballistics La Vale LaVale Rt. 48 west of Vale USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Route 1 - Locust Grove/21502 13d INSIDE CITY LIMITS? Allegany LaVale 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Harry S. Appel Gladys Rinker 16a WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT IN SOCIAL SECURITY NO 218-24-8468 Mr. H. Ray Robinette, Jr., LaVale, MD 2150 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)_____ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES INO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 5xxx 8-26- 1986 Driver of auto/tractor trailer collision. 21e PLACE OF INJURY (AT HOME. AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) road MD 220 I certify that theak charge of the remains described above, held an Inquiry and in my apinion Accident X death resulted fram Natural causes Hamicide Suicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 8-26-86 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 21201 111 Penn St., Balto., MD TYPE OR PRINT 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial 08-29-1986 Mt. Herman Cemetery Cumberland Allegany MD 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (5))

864	1	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYGII CATE OF DEATH	ENIO D	2 1	3	4 3
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Pages 1		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN] 1 # YES, GIVE W	VAR OR DATES	SOCIAL SECUR 214-34-1		Mrs. Mary K.	Evans O	ss akland	, Md.	21550
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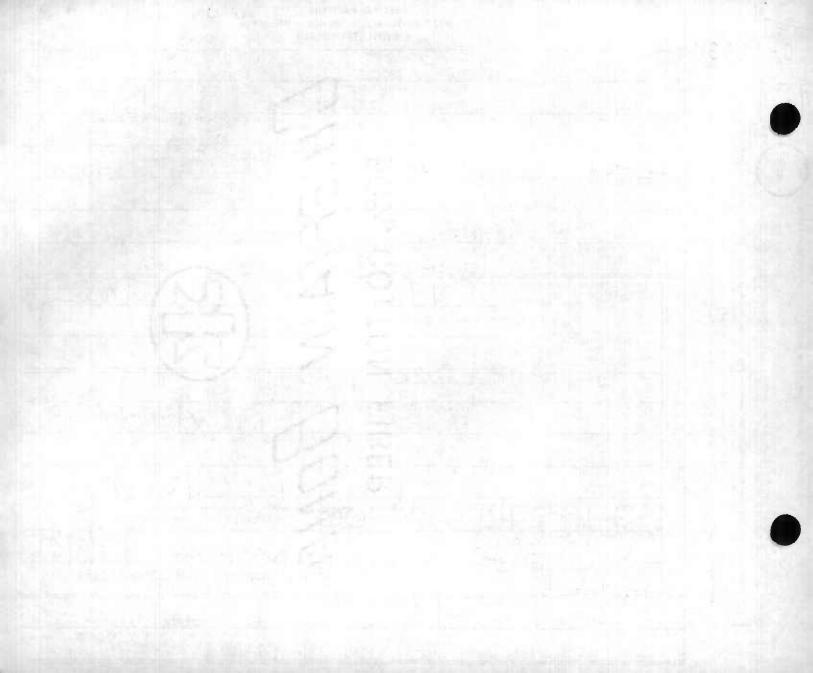
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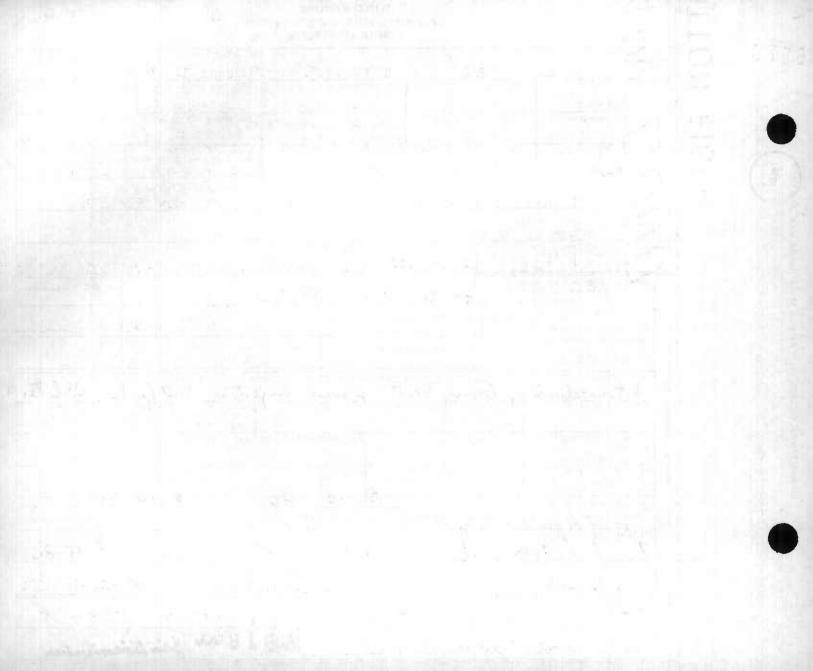
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	NO			disease.										
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2		22a I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	d from Natur	e of the remains described to the remains desc	Accident	ve, held an	M.D	Homicide TITLE (SPECI	FY)	Inquiry of termined man	nner .	DATE SIGNE	0 10	-86 MD
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ge 4 m		3. SE	Male	White	May		58	MONTHS DAYS	
Po 4 g	01	Ta B	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
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ofter d		11	ity or town of death imberland	11. NAME OF HOSPITAL, NU SACRED HEAR			120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF Laborer		Nationa
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013	21		saw the deceased alive on above, (I) (we) (did) (did no	1) view the body ofter death.		nd that in (my) (our) apinian	death occurred an the dat		
OIRE	Dept Item		22b. SIGNATURE	01		DEGREE	MEDICAL STAFF		TE SIGNED
AL	are la		w XI	Soften			MEDICAL STAFF	AND 8	3/1986
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TO FU	with the Sto		SIVAN A. PILL			<u> </u>	PRIVE CUMBERI	AND, MD. 2	1502
111	0	230	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP 7	7-		(SPECIFY) Burial	8/5/86	Old Pin	e Cemetery	Purgitsvil	le Hampsh	ire WV
WH - V&	60M 7/B4	24 F	UNERAL DIRECTOR Keith		RESS	Alfa	A JOO	56 REGISTRAR'S SIGNA	ATURE
(VRA 1	5, 4)	S	haffer Funeral H	Home, Inc. Ron	nney, WV	20/5/	4	dia Dividernit	andrea

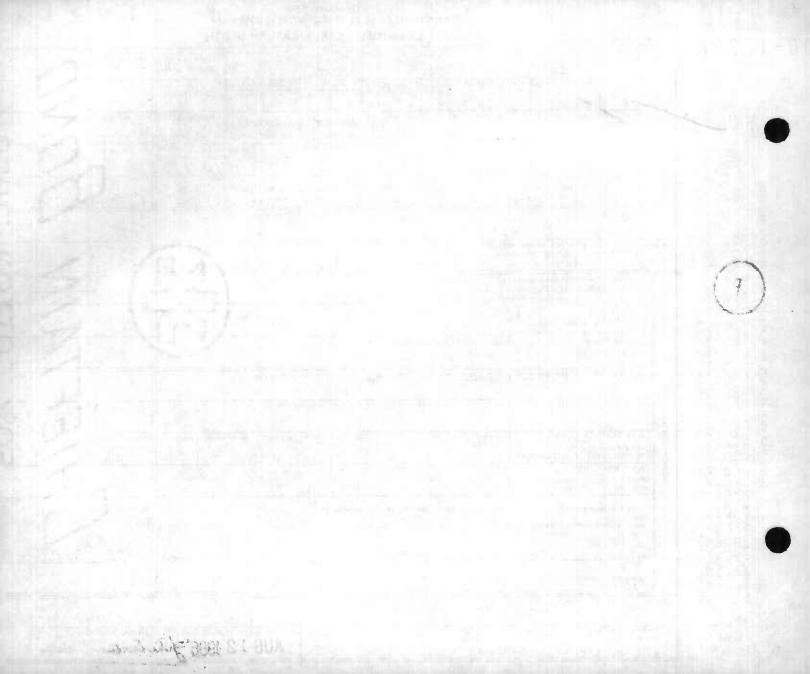
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pe 4 mo	1.5	Male	White	Sept. 7, 1944	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR MONTHS DAYS YRS	IF UNDER 24 HRS
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AND 212	13a.	aryland All	egany Cumber	rland 134 INSIDE CITY LIMITS?		ox 358A/	21502
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T., BALTI			nly one cause per line fa (a), (b), a ED BY: TE CAUSE (a)	cinomatosis			MATE INTERVAL DINSET AND DEATH
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DIV R ATTENDING hospinal are oth RECTOR, After and for use as all pp. of theolih		22a.1 certify that (1) (this hasp saw the deceased alive on abave, (1) (we) (did) (did) ed	8/24 (1)	1980 19 b, and that in (my) (aur) apinian	deoth accurred an the date on		that (1) (we) lost
10SPITAL OR ned by the he lost that DIRE Lost the best of the property of the	7	226. SIGNATURE 226. PHYSIC IN F.S. NAME (1114)	4236	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN [22¢ DATE	SIGNED
To of with Man	230	BURIAL, CREMATION, REMOVA	1236 DATE 123c	NAME OF CEMETERY OR CREMATORY	123d LOCATION		
	130	(SPECIFY) Burial		Rest Wood Mem.	CITY OR TOWN	COUNTY	W. VA.
DHMH-16 60M 1/73	24. F	UNERAL DIRECTOR		IZSO DAT	E REC'D. BY REGISTRAR 256 BE	Summers,	
(VR A 15 (4))	L	John J. Ha	fer, Jr. Lava	ale, MD 21502	AUS 27 1936	felian .	

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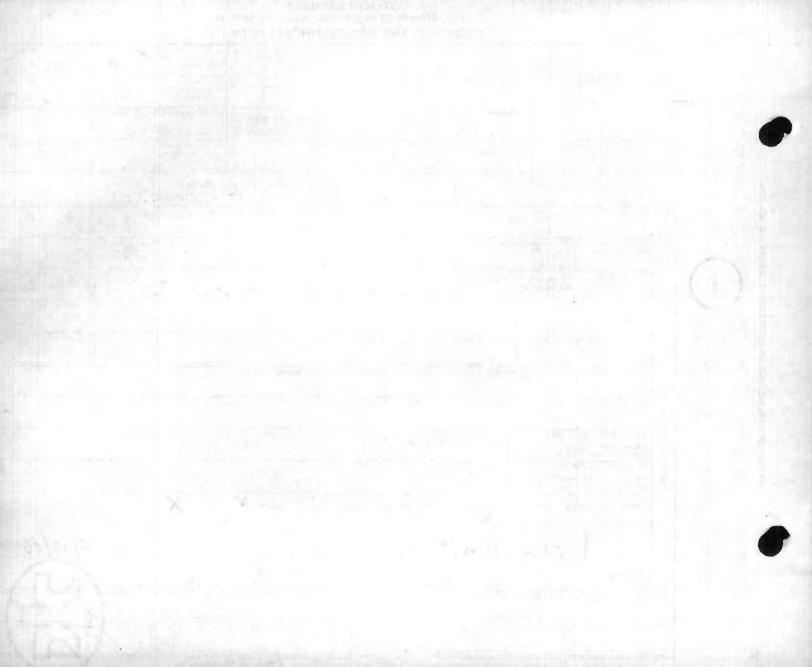
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20. DATE OF DEATH 12:20 (TYPE OR PRINT) WALTER THOMAS, SR. MEAD August 14, 1986 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS male white 09-18-192 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTY USA Allegany WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR FIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumberland Memorial Hospital ret. salesman car dealer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136. COUNTY 13e STREET ADDRESS / ZIP CODE Route 3 Box 191/21502 Allegany Cumberland NO X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST _ottie M. Rice Walter M. Thomas 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT LYES. NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 220-03-7714 Dorothy S. Thomas, Cumberland, MD -APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a IFICATION 116. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO NO T Hygier Hygier 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 19 214 INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an_ and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. DEGREE 22r DATE SIGNED ATTENDING _ STAFF PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) ne ADDRESS Memorial Hospital d b MPORT Dr. R. Barrera Medical Building Cumberland, MD 21502 23a BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION Burial Flintstone 08-17-1986 Rocky Gap V/A Cemetery 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 James F. Scarpelli, Cumberland, MD 21502 (VRA 15, 4)



STATE OF MARYLAND - STATE REGISTRAR REG NO DECEASED NAME LAST a DATE KNOWN IX WONTH TYPE OF PRINTS ESTI-DEATH MATED Carole Jean 20 19 86 Toev A RACE 5 DATE OF BIRTH IF LINDER LYR IF LINDER 24 HRS 7d HOUR DATE YEAR PRONOUNCED LAST BIRTHDAY) 5PM DEAD May 10, 1939 20 1986 TE CITIZEN OF WHAT COUNTRY? BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ECSELICIAL COCUMERNS U.S.A. WIDOWED T Maruland DIVORCED Allegany County RETAIN PAGE HOULD BEFILED IN CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION LTYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY Admissions Clerk Cumberland Memorial Hospital Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13m STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Allegany 12824 Knobley View Dr/21502 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME W. Iser Lawrence Margaret 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS LYES, NO. OR UNKNOWNI LIE YES GIVE WAR OR DATES 220-34-1900 No D. Brian Lasher-Cresaptown, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? HEAD ONLY ECUTE THE CERTIFICATE, WRITING THE WO GE 4 SHOULD BE FORWARDED TO THE FUNERAL DIRECTOR, PAGE 3 SHOULD BE TER DEATH, WITH THE STATE DEPARTMENT LITMORE, MARYLAND, 21 20) PRIOR TO BU 71a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR MANNTH DAY UNDERLYING ON 4:05 M. CONTRIBUTING CAUSE OF DEATH Passenger in auto/truck impact 21d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME 11 LOCATION STREET, FACTORY, FARM FTC 1 CITY OR TOWN COUNTY STATE NOT WHILE X AT WORK 51 Oldtown road Rt. Allegany MD Autopsy X 27a. I certify that I took charge of the remains described above, held on and in my apinion death resulted fram: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 7/21/86 SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. 23g. BURIAL, CREMATION, REMOVAL 23b DATE 73¢ NAME OF CEMETERY OR CREMATORY Burial Sunset Memorial Park 7-24-86 Cumberland-Allegany-Maryland 07/84 25M 24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A. 250. DATE REC'D. BY REGISTR **DHMH - 17** 202 Greene Street-Cumberland, Maryland 21502 (VR A15 ME (5))



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IS NECESSARY, PLEASE FUNKRAL DIRECTOR. E. 5, FOR YOUR FILES.	15 Z Z	. Ma	ile	White	July	28.	1906	80	YRS.	THS DAYS	HOURS	MIN.	PRONOUNG DEAD	CED	8-1	12 19	86 6	6:50 M
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DHMI	H - 17 5 ME (5))			re Street	-Upch	wich	Fune	ral t	lome, 1 21502	A.	25e. DATE		REGISTRAR	44	ISTRAR'S S			
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	ラビ m ロ ナ フ		death resulted fram: Natu	ral causes .	Accident, Suicide	, Hamicide .	Undetermined manner			
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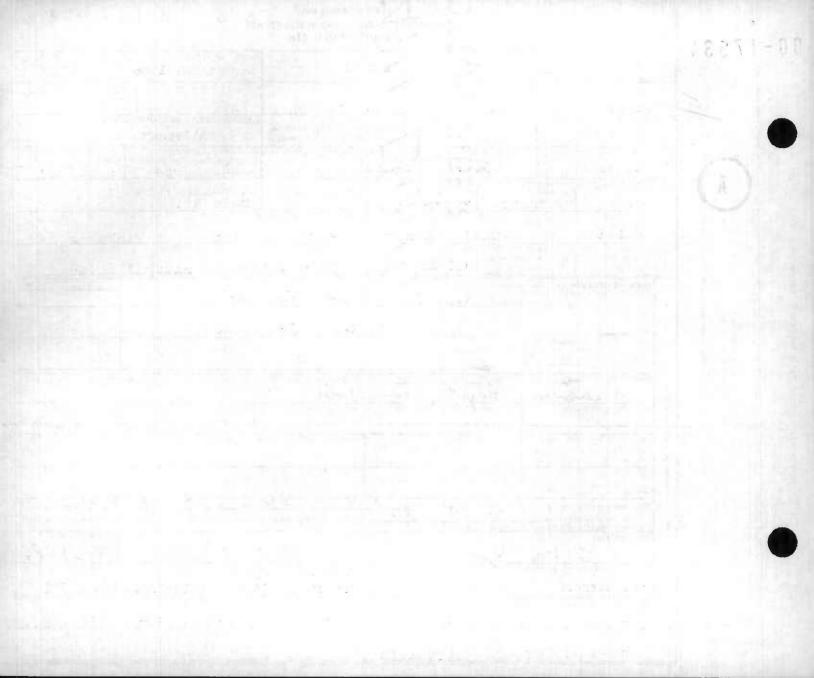
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STATE OF MARYLAND



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TIMORE be exe on and co		VAS DECEASED EVEI YES, NO OR UNKNOWN}		AE WAR OR DATEST	5-5725	The state of the state of	E. Ward, Ei	oress		
o1 W. PRESTON ST., BAL that the death certificate d by the ortending physici lease remove carban paper ial, cremation, or removal.		Conditions, if one gave rise to imcause [a1, stati	MAS CAUSE IMMEDIA y, which imediate ing the	DUE TO, OR AS A CO	MSEQUENCE	Keto acide	sis	*	APPROBLET WEET	NUMBER ENTERVAL NONSET AND DEATH
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F VITAL AN: The physicio fronte in fronte in Hygie		210. ACCIDENT WAS UP			TH DAY	YEAR 21c. HOW INJURY OCC	VES NO		YES 3	но 🗌
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law requir or attending physician. After this certificate has been sig e as the bural-transit permit. Then olth and Mental Hygiene prior to b marked or item 18 shaws any injury	MEDICAL	214 INJURY OCCUP	RRED			21f LOCATION STREET	CHYC	OR TOWN	COUNTY	STATE
TTENDIN pital or TOR: Al for use of of Healt				ital) attended the deceased		ond that in (my) (aur) apin	ian death accurred an th	e date and h	. 19 86 our and from th	, that (1) (we) last e causes stated
PITAL OR A' by the host ERAL DIREC se detoched Store Dept.		228. SIGNATURE	30	Landlin			MEDICAL DIRECTOR PH	STAFF YSICIAN []	871	e signed 9/86
O HOSPITAL etained by the TO FUNERAL should be deta		Dr. S.			1	220 ADDRESS 48 Tarn Te	rrace Fros	tburg	Md 21	532
5 € 5 € 3 ₹		BURIAL, CREMATION	, REMOVAL	23b. DATE	23c NAME	OF CEMETERY OR CREMATO			4.00	
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(VRA 15, 4)			Scar	pelli, Cumbeî	rland,	MD 21502	AUG 2 2 1981	3/1:	Sind	1

			EASED NAME FIRST		MIDDLE	LAST		REG. N 20. DATE OF DEATH		R 2b HOUR
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100		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORKING	
00		CUMBERLAND	MEMORIAL H		cook	restaurant
35	13a S	STATE 136 COU	DR OTHER INSTITUTION GIVE RESIDENCE BEFO INTY ISC. CITY OR TO CUMBE	WN 13d INSIDE CITY LIMI	200 01 0	et/21502
011		THER'S NAME D.	West LAST	15. MOTHER'S MAIDE	Minnie M. Sisk	ţAST
Popes		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECULAR WAR OR DATES) 236 36		, Wiley Ford, WV -	niece
equires that the death certifical is signed by the attending physicial. Then please remove carban papers to burial, cremation, or removal injury, or other traumatic event, the		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEO	Janlure UENCE OF		APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
III. Then ple	ATION				TERMINAL DISEASE OR CONDITION G	
Then ple	RTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	/ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YESNO
ren'i Bahawan injury, or	ICAL CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI LIFETIMER NOTIFY MEDICAL EXAMINI	19b CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	20a AUTOPSY? 20b. IF Y IN CERT	/ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YESNO
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	r dec	the state of	\preceq		aryland TY OR TOWN OF DEA	TH 1			RSING HOME C	D DIVORCED DIVORCED	12a. USUAL OCCUPATION		OF BUSINESS OR	<u>).</u>
201	rs ofte		3		umberland				T HOSPIT	TAL	Ship. Dept. & Ins	. Kell	y-Spring	bie
BALTIMORE, MARYLAND 2120	24 hou	uld be	1	13a. S	AL RESIDENCE (IF NURSI TATE aryland	136 COUNT Alle	Y	GIVE RESIDENCE B 13c. CITY OR I Pint	NWO	13d INSIDE CITY LIMITS?	Route 6, Box 1	DE /	21556	
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M AR	2 3	21	0		George	M	IDDLE	Nine	er.	Bertie	WIDDLE	Mar	tz.	
RE,	1	1	1		/AS DECEASED EVER		NED FORCES?		ECURITY NO.	17. INFORMANT	ADDRESS	F-L-		
IMO	1	1.	1	1,	No	-	WAR OR DATES	220-26	5-7565	Theodore V.	. Winebrenner-Ada			3.
BALT	1	1	1		18 CAUSE OF DEATH	H (Enter only	one couse per	line for (a), (b), and (c).)	2 (0 /	. /	APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH	_
2	1 6	-				IMMEDIATE		Cer	hex	Mere	1HUM			
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RES	e de	notion, troum			gove rise to immediate									
≥	t 5), cren			couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF									
DIVISION OF VITAL RECORDS, 201	es th	plea urial			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to									
RDS,	equir	Then to b		NO O		al	2 Ela	16						
ECO	30	prio y	9	CAT	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTO							YES, WERE FIND		
AL R	The I	giene shows	X	CERTIFICATION				, lbd.		-67	YES NOTE	YES [NO 🗌	
- F	GCIAN: Tilg physici	OT OF	2	- 1	OR CONTRIBUTING		HOUR A	OF INJURY .M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)		
OZ	Ing I	Aentol-1		MEDICAL	(IF EITHER, NOTIFY MEDIC		P. 21e. PLACE	M.	19	21f LOCATION				_
/ISIO	thend thend	the bu		ME	WHILE NOT WH	ILE 🗍	(AT HOME, ST	REET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE	
ě	O' o ro	olth one marked		6	22a.1 certify that (1)		al) attended th	e deceased fro	om -	10 8	6 10 8-11	10 86	that (I) (we) lost	-
	TEN	for us of He 21 is			saw the decease	d olive on_	8-1	1	,0,	id that in (my) (our) opinio	n death occurred on the date and h	iovi and from th	ne couses stoted	
	OR AT	hed tept.			obove, (I) (we)-(d	Herr (did not)	View the body	offer deoth.		DEGREE		22c. DA1	TE SIGNED	-
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	O HO				DR. JOHN	MEHA	NNA			909-B SI	ETON DRIVE CUME	BERLAND,	, MD	
	7 6 1	vi 3 <u>≤</u>		230 B	URIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY		o LOUNTY	14-4-ABATE	
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	(VRA	15, 4)	l		.vz Greene	341	unbell	iriu, mu	. 2130		AUG 25 1989 Sun	ia disiner	Self water .	=

V- 10 11 2 11 JATEST N. TRANS DETDAR CA CINTERNIO SINIGGIALLE GEORGE

-	6681	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGREE 6 2 1 5 6 1 REG. NO.							
			CETTOLD I WILL	RST	MIDDLE		AST	20 DATE OF DEATH MONTH		. HOUR	
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A B	after o	3. SE	male	4. RACE	hite	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS H	OURS MIN,	
obo	100 17	Za B	RTHPLACE (STATE OR FORE)		OF WHAT COUNTRY?	9	01 06	9 BALTIMORE CITY OR COUN			
deoth.	35		MARYLAND	US	A	WIDOWE		Allegany Co		MD.	
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AND 213	(A)	13o.	AL RESIDENCE (IF NURSING I STATE 13b	Allegany	13t. CITY OR TOW ECKNAY	/N I	134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	215	28	
MARYLAND MARYLAND	10/2	ii. F.	THER'S NAME FIRST BENJAMTN	WIDDLE	LAST WTTTE:		15. MOTHER'S MAIDEN NA FIRST JULIA	WE	DAVIDSO	N	
	9 4 9 /		VAS DECEASED EVER IN I		? 166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRECUM	BERLAND,		
BALTIMORE,	Poge.	,	YES	WW II		-1323	MRS. SANDR				
PRDS, 201 W. PRESTON ST.	n signed by the attending Then please remove corb or to burial, cremation, or r injury, or ather traumatic	ION	underlying couse I	oich (b) oost. (c)	OR AS A CONSEOU OR AS A CONSEOU CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	WY DISEASE OR CONDITION			
AL RECC	te hos beensit permit.	CERTIFICATION	190 DATE OF OPERATION	N 19b. COM	NDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDING: RTIFYING CAUSES OF YES []	S USED DEATH?	
OF VIT	physicion of the office of the		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR	E OF INJURY A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)		
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ATTENDIN	CTOR. Af for use of of Health		22a.1 certify that (I) (thi saw the deceased a above, (I) (we) (did)	live on	19	, on	d that in (my) (our) opinion	, to death occurred on the date and I		t (I) (we) lost uses stated	
ITAL OR	RAL DIRE		22b SIGNATURE	0	Two.		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/25	786	
O HOSP	TO FUNERAL should be deta with the State			Schwartz			925 C	3,5 Hop gute	SHOR.	1000	
	BP	23a.	BURIAL, CREMATION, REA (SPECIFY)	AOVAL 236. DATE	- 101	NAME OF C	BURG MEM. P	23d. LOCATION CITY OF TOWN K FROSTBURG	ATTECHAN	STATE	
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WHAT I SEE STELL STELLS IN THE STATE OF THE STATE STATE STATE STATE STATE OF THE ST College Actions are a state and a property Elith Party J. J. March T. C. S.

		Silcox-Merri				OF MARYLAND	32 6	215	5 2	
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00 14340		CEASED NAME FIRST	MIDDLE	32	1,	AST		MONTH DAY YEAR	2b HOUR	
ed to the	(TYPE	Carl	William	n	Wolfe	9	August 6,	1986	11:30P _M	
4 mo	1 56	WHITE -MALE	4. RACE WHITE		5. DATE O	F BIRTH H 9 DA 1913 YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE		
Pogo.		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	YRS. R COUNTY OF DEATH		
deorth deorth	ìvi	ARYLAND	USA		WIDOWED DIVORCED		Allegany County,			
s ofter by the f filed wit	CUI	TY OR TOWN OF DEATH MBERLAND	11. NAME OF HOSPITAL, NURSING (# NOT IN SUCH FACILITY, GIVE STREET AD Sacred Heart Ho		DDRESSI		120 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETIRED PARKS & REC DEPT CTIM			
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be es s. Pag		NO	220	010225	58	PEARL WOLFE	GENERAL DEL			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ING PHYSICIAN: The low requires that the death certificate be executive this certificate has been signed by the attending physician and class the buriol-transit permit. Then please remove corbanopers. Pages it and Mental Hygiere prior to buriol, cremation, or remaval. orked or tem 18 shows any injury, or other troumatic event, the medical area or them 18 shows any injury, or other troumatic event, the medical		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate	y one couse per line or to BY E CAUSE (a) DUE TO, OR AS AS	VLUV	10-	Kespinert	o Aetle	9 BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH	
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AL RECO	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	R WHICH (OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES		
OF VITA		710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MC		Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	?)	
NVISION NG PHYSIA offer this ce state burn h and Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUI (AT HOME, STREET, FACTO	RY DRY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE	
NDIF NO II or II o		22a I certify that (I) (this hospit		ed from		, 19	, to		_, that (I) (we) last	
ATTE aspiro CCTO CTO 3 for		saw the deceased alive an, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above. It did (did ma) were the body after death.								
AL OR AL DIRE detoched detocher are Dept.		226 SIGNATURE				DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN				
HOSPITA med by FUNERA vid be do vid		22d. PHYSICIAN'S NAME (IVANOR PRINT) 22e ADDRI								
TO HOSP TO FUNE should be with the Simple Control of the Simple Co		Qamar Zaman, I		1		Memorial Me		Cumberland	1,MD 21502	
BP	73a. B	BURIAL BURIAL				EMETERY OR CREMATORY S GROVE CEMETI	23d LOCATION CITY OR TOWN TRY SPRING (GAP ALLEGAN	STATE STATE ANT	
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR LCOX-MERRITT FT				25a DAT	E REC'D. BY REGISTRAR	25h REGISTRAR'S SIGN	A Sides	

SDE TO STORY OF STORY